FORM C.

15

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary H. Howard Sex, Female Color, white

Date of Death Jan 5 1902; Age, 54 Years, 10 Months, 8 Days.

Maiden Name, {If married, widowed or divorced} Mary H. Bowen

Husband's Name, Elbridge G. Howard

~~Single,~~ Married, Widowed or Divorced, Married Occupation, at home

*Residence {If out of town also state fully,} Chelmsford Mass

Place of Birth, Canada P. Q.

*Place of Death, Chelmsford Mass

Name of Father, John A. Bowen

Birthplace of Father, Canada P. Q.

Maiden name of Mother, Jerusha E Kenney

Birthplace of Mother, Vermont

Place of Interment, (give name of cemetery) Edson Cemetery

Dated at Lowell Signature and place of business of Undertaker { C. M. Young & Co 33 Prescott St

on Jan 6, 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Mary H. Howard Age, 54 Y. 10 M, 8 D.

Place and Date of Death, died at Chelmsford Jan 5, 1902

Disease or Cause of Death,‡ Pleuro-Pneumonia

Duration of Sickness. 5 days.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { Amasa Howard M. D. Chelmsford

Date of Certificate Jan. 6th 1901

Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

16

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Frederick Westburg Sex, M Color, A

Date of Death, January 5th 1902; Age, Years, Months, 5 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, {If out of town, also state fully.} West Chelmsford Mass.

Place of Birth, Chelmsford Mass.

*Place of Death, [illegible]

Name and Birthplace of Father, [illegible] Sweden

Maiden Name and Birthplace of Mother, [illegible] Sweden

Place of Interment, (Give name of Cemetery), West Cemetery, W. Chelmsford, Mass.

Dated at West Chelmsford Mass. on January 6th 1902.

Signature and place of business of Undertaker. A. G. Parkhurst, W. Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Frederick Westburg Age, Y. 4 M. 28 D.

Place and Date of Death, died at West Chelmsford Jany 5th 1902

Disease or Cause of Death,‡ Primary, Erysipelas Duration, one week

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D. North Chelmsford

Date of Certificate, Jany 5th 1902

* Give also street and [illegible] named. If still-born, so state.

[illegible] dary Cause.

Countersign and [illegible]

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

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at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with sectiou 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec

17

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Duncan Sex, M Color, W

Date of Death, Stillborn Jan 12th 1902; Age, ... Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced.} —

Husband's Name, —

Single, Married, Widowed or Divorced, — Occupation, ...

*Residence, {If out of town, also state fully.} N. Chelmsford Mass.

Place of Birth, N. Chelmsford Mass.

*Place of Death, N. Chelmsford Mass.

Name and Birthplace of Father, Agustus E. Duncan N. Chelmsford Mass.

Maiden Name and Birthplace of Mother, Daisy I. Ripley N. Chelmsford Mass.

Place of Interment, (Give name of Cemetery), Riverside Cemetery - N. Chelmsford

Dated at N. Chelmsford on Jan 13th 1902

Signature and place of business of Undertaker. John Marinel Jr. N. Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Duncan Age, Y. — M. — D.

Place and Date of Death, died at Stillberth Jany 12 1902

Disease or Cause of Death,‡ Primary, — Duration, ...

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Carney M. D. N. Chelmsford

Date of Certificate, Jany 13 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec'd FORM C. 18

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Thomas J Finnick Sex, ... Color, ...

Date of Death Jan 17th 1902; Age, 36 Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, ~~Married~~, ~~Widowed or Divorced~~, ... Occupation, Laborer

*Residence {If out of town also state fully,} Chelmsford Mass

Place of Birth, Chelmsford Mass

*Place of Death, Chelmsford Mass

Name of Father, Thomas Finnick

Birthplace of Father, Ireland

Maiden name of Mother, Catherine McKennedy

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) St Patricks Lowell Mass

Dated at Lowell Signature and place of business of Undertaker {John F Rogers 816 Central St

on 18th Jan 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † ..... Age, ... Y. ..... M, ... D.

Place and Date of Death, died at ..... 1 .....

Disease or Cause of Death, ‡ Pneumonia

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { James McDonnell M. D.

Date of Certificate 1

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Rec'd Jan 20

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Form C.

Rec

19

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Charles T Shannehan Sex ~~Female~~ Color, white

Date of Death Jan 18, 1902; Age, 81 Years, 7 Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

~~Single~~, ~~Married~~, Widowed ~~or Divorced~~, Widowed Occupation, None

*Residence {If out of town also state fully,} Chelmsford Mass

Place of Birth, England

*Place of Death, Chelmsford Mass

Name of Father, John Shannehan

Birthplace of Father, England

Maiden name of Mother, White

Birthplace of Mother, England

Place of Interment, (give name of cemetery) Edson Cemetery

Dated at Lowell on Jan 18, 1902

Signature and place of business of Undertaker: C. M. Young & Co, 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Charles T Shannehan Age, 81 Y. 7 M, — D.

Place and Date of Death, died at Chelmsford Jan 18, 1902

Disease or Cause of Death,‡ Old Age

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician: Wm Bass, M. D.

Date of Certificate Jany 20 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Recd Jan 21

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and turn it, together with the facts requ d by section 1, to the board of health or to the clerk of the city or town in w ch the death occurred.

Rec'd

20

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary Frances Parlee Sex, F. Color, W

Date of Death, January 31 1902; Age, 35 Years, 7 Months, 24 Days.

Maiden Name, {If married, widowed or divorced.} Mary F. Peters

Husband's Name, Wm. M. Parlee

~~Single~~, Married, ~~Widowed or Divorced~~, Married Occupation, Housewife

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Blue Hill, Maine.

*Place of Death, Chelmsford

Name and Birthplace of Father, Rufus Peters, Blue Hill, Maine

Maiden Name and Birthplace of Mother, Mary Jane Clark, Ellsworth Maine

Place of Interment, (Give name of Cemetery), Pine Ridge Cemetery

Dated at Chelmsford on January 31 1902

Signature and place of business of Undertaker. Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary Frances Parlee Age, 35 Y. 7 M. 24 D.

Place and Date of Death, died at Chelmsford January 31 1902.

Disease or Cause of Death,‡ Primary, Typhoid Fever Duration, 3 weeks

Secondary, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D. Chelmsford, Mass.

Date of Certificate, February 1 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

Recd Feb 2

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec

21

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Laura Manseau Sex, fe Color, W.

Date of Death, Feb 15 1902; Age, 5 Years, — Months, ... Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, {If out of town, also state fully.} Chelmsford Center

Place of Birth, Lowell

*Place of Death, Chelmsford Center

Name of Father, Joseph A. Manseau

Birthplace of Father, Canada

Maiden Name of Mother, Ophelia Rousseau

Birthplace of Mother, Canada

Place of Interment, (Give name of Cemetery), St. Joseph Chelmsford

Dated at Lowell Signature and place of business of Undertaker.† A. Archambault

on Feb 15 1902 738 Merrimack

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Laura Manseau Age, 5 Y. ..... M. ..... D.

Place and Date of Death, died at Chelmsford. 1 .....

Disease or Cause of Death,‡ Diphtheria (?)

Duration of Sickness, few days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician. G. T. O'Donnell M. D.

No. 93 Merrimack

Date of Certificate Feb. 15th 1902

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Rec'd Feb 15

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1

Filed, ... 1

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

22

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, William Redmond. ~~Male~~ Sex, Male Color, White

Date of Death, Feb. 8 1902.; Age, 58 Years, 1 Months, 13 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, Married Occupation, Farmer

*Residence, {If out of town, also state fully.} South Chelmsford

Place of Birth, Ireland

*Place of Death, South Chelmsford

Name of Father, Andrew Redmond.

Birthplace of Father, Scotland

Maiden Name of Mother, Anna Mc Cracken

Birthplace of Mother, Scotland

Place of Interment, (Give name of Cemetery). South Chelmsford

Dated at South Chelmsford on Feb. 8 1902.

Signature and place of business of Undertaker.† Daniel P. Byrnes, So. Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Wm Redmond Age, 58 Y. 1 M. 13 D.

Place and Date of Death, died at So. Chelmsford Feb. 8 1902

Disease or Cause of Death,‡ Pulmonary Phthisis –

Duration of Sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician. Omara Howard M. D.

Date of Certificate Feb. 8 1902

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Recd Feb. 8

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

23

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ruth E. Lewbridge Sex, Female Color, White

Date of Death Feb 7th 1902; Age, 57 Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced} Ruth E. Garland

Husband's Name, Edward Lewbridge

Single, Married, Widowed or Divorced, Married Occupation, House Wife

*Residence {If out of town also state fully,} Chelmsford Mass

Place of Birth, Great Falls N H

*Place of Death, Chelmsford Mass

Name of Father, George W. Garland

Birthplace of Father, New Hampshire

Maiden name of Mother, Ruth A

Birthplace of Mother, ...

Place of Interment, (give name of cemetery) Lowell cemetery

Dated at Lowell Signature and place of business of Undertaker J. A. Weinbeck 88 Middlesex

on 7th Feb 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Ruth E. Lewbridge Age, 57 Y. ..... M, ... D.

Place and Date of Death, died at Chelmsford, Mass, Feb. 7th 1902

Disease or Cause of Death,‡ Tuberculous Peritonitis,

Duration of Sickness. About 1 yr.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { Arthur G. Seaborn, M. D.
Chelmsford, Mass.

Date of Certificate Feby. 8, 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

No. .....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with sect [illegible] and return it, together with the facts required by section 1, to the board of health or to the clerk of the city [illegible] in which the death occurred.

Rec

1

24

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Sarah L Paige Sex, Fe Color, White

Date of Death, Feb 2" 1902; Age, 77 Years, 3 Months, 27 Days.

Maiden Name, {If married, widowed or divorced.} Sarah L Leavitt

Husband's Name, Edman Paige

Single, Married, Widowed or Divorced, Widow Occupation, At Home

*Residence, {If out of town, also state fully.} North Chelmsford Mass

Place of Birth, Merideth N. H.

*Place of Death, North Chelmsford Mass

Name of Father, Nehemiah Leavitt

Birthplace of Father, Unknown

Maiden Name of Mother, Nancy Doran

Birthplace of Mother, Unknown

Place of Interment, (Give name of Cemetery), Riverside Cemetery

Dated at N. Chelmsford Mass

on Feb 4th 1902

Signature and place of business of Undertaker. John Marinelli N. Chelmsford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Sarah L. Paige Age, 77 Y. 3 M. 27 D.

Place and Date of Death, died at Nath Chelmsford Feb 2 1902

Disease or Cause of Death,‡ Senile

Duration of Sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician. Amasa Howard M. D. Chelmsford Mass.

Date of Certificate Feb. 3rd 1902

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

m

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

25

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Nathaniel Ames Glidden Sex, M. Color, W.

Date of Death, Feb 22 1902; Age, 70 Years, 2 Months, 29 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

~~Single~~, Married, ~~Widowed or Divorced~~, Married Occupation, Farmer.

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Gilford, N.H.

*Place of Death, Chelmsford

Name and Birthplace of Father, Jasper E. Glidden, Gilford N.H.

Maiden Name and Birthplace of Mother, Abiah Ames " "

Place of Interment, (Give name of Cemetery), (Lowell Cemetery) Receiving Tomb Forefathers Cemetery

Dated at Chelmsford on Feb 23 1902

Signature and place of business of Undertaker. Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Nathaniel A. Glidden Age, 70 Y. 2 M. 29 D.

Place and Date of Death, died at Chelmsford, Mass., Feb. 22d 1902.

Disease or Cause of Death,‡ Primary, Diabetes Mellitus Duration, Several years

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Edward H. Chamberlin M. D.
183 Liberty St., Lowell

Date of Certificate, Feb. 24th 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec

26

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ralph Gilbert Lemay Sex, Male Color, White

Date of Death, Feb 23 1902; Age, — Years, — Months, 1 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, {If out of town, also state fully.} .....

Place of Birth, West Chelmsford Mass

*Place of Death, — — —

Name of Father, Joseph Lemay

Birthplace of Father, Lowell Massachusetts W S of Mass

Maiden Name of Mother, Susy Newman

Birthplace of Mother, Ware New Hampshire W S

Place of Interment, (Give name of Cemetery), St Joseph Cemetery

Dated at West Chelmsford

on Feb 24th 1902

Signature and place of business of Undertaker. { Joseph Albert 57 Cheever St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Ralph Gilbert Lemay Age, Y. M. 1 D.

Place and Date of Death, died at West Chelmsford Feby 23d 1902

Disease or Cause of Death,‡ premature birth

Duration of Sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician. { F. E. Varney M. D. N. Chelmsford

Date of Certificate Feby 23d 1902

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

No. .....

RETURN OF THE DEATH

OF

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at .....

Date, ... 1

Filed, ... 1

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'd

FORM C.

27

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Stillborn. Sex, Male Color, White

Date of Death, Feb 23d 1902; Age, — Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, {If out of town, also state fully.} N. Chelmsford Mass.

Place of Birth, N. Chelmsford Mass.

*Place of Death, N. Chelmsford Mass.

Name and Birthplace of Father, Charles J. McEnnis N. Chelmsford

Maiden Name and Birthplace of Mother, Clara Hodgson ~~England~~ England

Place of Interment, (Give name of Cemetery), Riverside Cemetery

Dated at N. Chelmsford on Feb 24th 1902

Signature and place of business of Undertaker. John Marinelgs N. Chelmsford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† McEnnis Age, Y. M. D.

Place and Date of Death, died at N. Chelmsford Feby 23 1902

Disease or Cause of Death,‡ Primary, stillborn Duration, ...

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Tarney M. D. N. Chelmsford

Date of Certificate, Feby 24 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

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Agent of Board of Health.

Rec'd Feb 25

No. .....

RETURN OF THE DEATH

OF

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at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec

FORM C.

28

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Robert Meldrum Sex, M Color, ...

Date of Death Feb 28 1907; Age, 71 Years, 8 Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

~~Sin~~gle, Married, Widowed or Divorced, ... Occupation, Retired

*Residence {If out of town also state fully,} Lowell

Place of Birth, Boston

*Place of Death, Chelmsford

Name of Father, Alexander

Birthplace of Father, Scotland

Maiden name of Mother, Agnes Sim

Birthplace of Mother, Scotland

Place of Interment, (give name of cemetery) Edson Cemetery

Dated at Chelmsford on March 1 1907

Signature and place of business of Undertaker { J B Currier, Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Robert Meldrum Age, 71 Y. 8 M, ... D.

Place and Date of Death, died at Chelmsford, Feb. 28 1907

Disease or Cause of Death,‡ Rupture of Apoplexy

Duration of Sickness. Several years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { Arthur G. Scobria, M. D., Chelmsford, Mass.

Date of Certificate March 1, 1907

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

No. .....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

FORM C.

29

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, William Fanning Sex, M Color, ...

Date of Death March 1 1902; Age, ... Years, ... Months, 18 Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence {If out of town also state fully,} N. Chelmsford

Place of Birth, " " "

*Place of Death, " " "

Name of Father, John H. Fanning

Birthplace of Father, Great Barrington Mass

Maiden name of Mother, Clara Bass

Birthplace of Mother, Canada

Place of Interment, (give name of cemetery) St Peters cemetery

Dated at ..... Signature and place of business of Undertaker { James F. O'Donnell, 324 Market St

on 1

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † William Fanning Age, ... Y. ..... M. 18 D.

Place and Date of Death, died at N. Chelmsford March 1st 1902

Disease or Cause of Death,‡ premature birth

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { F. E. Varney, N. Chelmsford M. D.

Date of Certificate March 1st 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Recd March 3

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'd

90

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Gallagher Sex, Male Color, White

Date of Death, Feb. 22 1902; Age, 1 hour Years, Months, Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, {If out of town, also state fully.} .....

Place of Birth, Chelmsford

*Place of Death, Chelmsford

Name and Birthplace of Father, Edward Gallagher, Maine

Maiden Name and Birthplace of Mother, Nellie Gallagher Bangor Maine

Place of Interment, (Give name of Cemetery), Carlisle, Mass.

Dated at Carlisle on Mar. 2 1902

Signature and place of business of Undertaker. Thomas A. Green, Carlisle, Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Gallagher Age, ~~Y.~~ 1 hour M. ~~D.~~

Place and Date of Death, died at Chelmsford, Mass., Feb. 22, 1902

Disease or Cause of Death,‡ Primary, Infantile — Duration, ...

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Scobria, M. D. Chelmsford, Mass.

Date of Certificate, March 5, 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

Rec'd Mar 8

No. .....

RETURN OF THE DEATH

OF

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at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

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[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

R. C. 31

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Hannah Soker Sex, F. Color, W.

Date of Death, March 4 1902; Age, 90 Years, 0 Months, 20 Days.

Maiden Name, {If married, widowed or divorced.} Hannah Smith

Husband's Name, Loring Soker

~~Single~~, Married, ~~Widowed or Divorced~~, Married Occupation, Housewife

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Needham Mass

*Place of Death, Chelmsford

Name and Birthplace of Father, Luther Smith, Needham

Maiden Name and Birthplace of Mother, Hannah Lewis, Dedham (?)

Place of Interment, (Give name of Cemetery), Natick

Dated at Chelmsford on March 4 1902

Signature and place of business of Undertaker. Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Hannah Soker Age, 90 Y. 0 M. 20 D.

Place and Date of Death, died at Chelmsford, Mass., Mar. 4th, 1902.

Disease or Cause of Death,‡ Primary, Cerebral Hemorrhage Duration, 12 hours

Secondary, — Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Edward H. Chamberlain, M. D.
183 Liberty St. Lowell, Mass

Date of Certificate, March 4th 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Rec'd March 5

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

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[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rel

FORM C.

32

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary Alice Lambert Sex, Female Color, White

Date of Death March 13 1902; Age, — Years, — Months, 2 Days.

Maiden Name, {If married, widowed or divorced} —

Husband's Name, —

Single, Married, Widowed or Divorced, Single Occupation, —

*Residence {If out of town also state fully,} West Chelmsford Mass.

Place of Birth, ~~Canada~~ " "

*Place of Death, W " "

Name of Father, Edmond Lambert.

Birthplace of Father, Canada

Maiden name of Mother, La Rose Reeves

Birthplace of Mother, ~~Canada~~ Woonsocket R.I.

Place of Interment, (give name of cemetery) St. Joseph Cemetery

Dated at Lowell Mass on March 13 1902

Signature and place of business of Undertaker: Joseph Albert #57 Cheever St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Mary Alice Lambert Age, — Y. — M, 2 D.

Place and Date of Death, died at Chelmsford March 13 1

Disease or Cause of Death,‡ Infantile

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician: F. E. Varney M. D. North Chelmsford

Date of Certificate March 13 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

33

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ziba Gay Sex, M. Color, W.

Date of Death Mar 14 1902; Age, 78 Years, 4 Months, 1 Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, Manufacturer

*Residence {If out of town also state fully,} North Chelmsford

Place of Birth, Niagara N.Y.

*Place of Death, North Chelmsford

Name of Father, Ziba Gray

Birthplace of Father, Deering N.H.

Maiden name of Mother, Mary Kennedy

Birthplace of Mother, Lisbon, Ireland

Place of Interment, (give name of cemetery) North Chelmsford

Dated at North Chelmsford on Mar 16 1902

Signature and place of business of Undertaker { J B Currier Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Ziba Gay Age, 78 Y. 4 M, ... D.

Place and Date of Death, died at North Chelmsford Mch 14th 1902

Disease or Cause of Death,‡ Locomotor Ataxia

Duration of Sickness. two years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { F E Varney M. D. North Chelmsford

Date of Certificate Mch 14th 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Rec March 17/02

No. .....

RETURN OF THE DEATH

OF

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at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

34

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ademore Louis Carron Sex, M Color, W

Date of Death, Mar 23d 1902 ; Age, — Years, 10 Months, 17 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, {If out of town, also state fully.} N. Chelmsford, Mass.

Place of Birth, N. Chelmsford Mass.

*Place of Death, N. Chelmsford Mass.

Name and Birthplace of Father, Louis P. Carron Canada

Maiden Name and Birthplace of Mother, Rosie Hamel Canada

Place of Interment, (Give name of Cemetery), ...

Dated at N. Chelmsford

on March 23d 1902

Signature and place of business of Undertaker. .....

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Ademore Louis Carron Age, Y. 10 M. 17 D.

Place and Date of Death, died at N. Chelmsford Mch 23d 1902

Disease or Cause of Death,‡ Primary, Bronch Pneumonia Duration, one week

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D.
N. Chelmsford

Date of Certificate, Mch 23 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Rec

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190____.

Filed, ...190____.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

35

Form C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Still Born Gauthier Sex, Male Color, ...

Date of Death March 28 1902; Age, ... Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced} Stillborn

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence {If out of town also state fully,} .....

Place of Birth, North Chelmsford Mass

*Place of Death, ...

Name of Father, Joseph Gauthier

Birthplace of Father, Mass

Maiden name of Mother, Mary Ellen (McHale)

Birthplace of Mother, Rhode Island

Place of Interment, (give name of cemetery) St Joseph Cemetery Chelmsford

Dated at Lowell Mass

on March 28 1902

Signature and place of business of Undertaker { Joseph Albert, 57 Beaver St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † ——— Gauthier Age, ... Y. ..... M, ... D.

Place and Date of Death, died at North Chelmsford Mch 28 1902

Disease or Cause of Death,‡ Still born

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { F. E. Varney, N. Chelmsford M. D.

Date of Certificate Mch 28 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Rec'd March 28

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Form C.

36

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, George B Hall Sex, Male Color, White

Date of Death April 5th 1902; Age, 51 Years, 4 Months, 26 Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, Married Occupation, Travelling salesman

*Residence {If out of town also state fully,} North Chelmsford

Place of Birth, North Chelmsford

*Place of Death, North Chelmsford

Name of Father, Harrison Hall

Birthplace of Father, Quincy Mass

Maiden name of Mother, Esther Belding

Birthplace of Mother, Northfield Mass

Place of Interment, (give name of cemetery) North Chelmsford

Dated at Lowell Signature and place of business of Undertaker { J B Currier

on April 8 1902 { .....

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † George B Hall Age, 51 Y. 4 M. 26 D.

Place and Date of Death, died at North Chelmsford April 5th 1902

Disease or Cause of Death, ‡ Tuberculosis of the Brain

Duration of Sickness. Four months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { F. E. Varney M. D.
North Chelmsford

Date of Certificate April 12 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'd

37

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Maryann Peasley Sex, Femal Color, W

Date of Death, April 13th 1902; Age, 86 Years, 9 Months, 26 Days.

Maiden Name, {If married, widowed or divorced.} Maryann Cromwell

Husband's Name, Orchard Peasley

Single, Married, Widowed or Divorced, Widowed Occupation,

*Residence, {If out of town, also state fully.} West Chelmsford

Place of Birth, England

*Place of Death, West Chelmsford

Name of Father, William Cromwell

Birthplace of Father, England

Maiden name of Mother, Martha Baker

Birthplace of Mother, Unknown

Place of Interment, (Give name of Cemetery), West West Chelmsford

Dated at W Chelmsford Mass

on April 14th 1902

Signature and place of business of Undertaker. { A. G. Parkhurst, W Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Maryann Peasley Age, 86 Y. 9 M. 26 D.

Place and Date of Death,‡ died at West Chelmsford April 13 1902

Disease or Cause of Death,§ Organic disease of heart.

Duration of sickness, last sickness one day

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F. E. Varney M. D., W. Chelmsford

Date of Certificate, April 14th 1902

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 189.....

Filed, ... 189 .....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

(Ther)

FORM C.

3 (

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Still Born (Boudreau) Sex, ... Color, ...

Date of Death Ap 14 1902 Age, — Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence {If out of town also state fully,} Shaw Ave North Chelmsford

Place of Birth, North Chelmsford

*Place of Death, North Chelmsford

Name of Father, —

Birthplace of Father, —

Maiden name of Mother, Josephine Boudreau

Birthplace of Mother, Canada

Place of Interment, (give name of cemetery) St Joseph East Chelmsford

Dated at Lowell

on Ap 14 1902

Signature and place of business of Undertaker: H Archambault, 738 Merrimack

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Boudreau Age, Still born Y. ..... M, ... D.

Place and Date of Death, died at North Chelmsford, April 14 1902

Disease or Cause of Death, ‡ premature birth no sign of life when born.

Duration of Sickness. —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician: F. E. Varney M. D. North Chelmsford

Date of Certificate April 14 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

No. .....

RETURN OF THE DEATH

OF

.....

at.....

Date,..... 1.....

Filed,..... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'd

FORM C.

39

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Charles Hyde Sex, m Color, w

Date of Death April 26 1902; Age, 82 Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

~~Single~~, ~~Married~~, Widowed or ~~Divorced~~, (Widower) Occupation, ...

*Residence {If out of town also state fully,} North Chelmsford

Place of Birth, Francestown N H

*Place of Death, North Chelmsford Mass

Name of Father, William Hyde

Birthplace of Father, Avon Conn.

Maiden name of Mother, Alice Marshall

Birthplace of Mother, Billerica Mass

Place of Interment, (give name of cemetery) North Chelmsford

Dated at Lowell

on April 26 1902

Signature and place of business of Undertaker { J B Currier, Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Charles Hyde Age, 82 Y. ..... M, ... D.

Place and Date of Death, died at North Chelmsford April 26 1902

Disease or Cause of Death, ‡ Exhaustion following pneumonia

Duration of Sickness. six weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { F. E. Varney, N. Chelmsford M. D.

Date of Certificate April 26th 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Recd Apl 28

No. .....

RETURN OF THE DEATH

OF

.....

at.....

Date,..... 1.....

Filed,..... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

40

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Azzella Grace Byam Sex, Female Color, White

Date of Death, April 28 1902; Age, 5 Years, 4 Months, 27 Days.

Maiden Name, {If married, widowed or divorced.} —

Husband's Name, —

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, {If out of town, also state fully.} .....

Place of Birth, South Chelmsford, Mass.

*Place of Death, " "

Name and Birthplace of Father, Lyman A. Byam South Chelmsford Mass.

Maiden Name and Birthplace of Mother, Grace M. Hutchins Westford "

Place of Interment, (Give name of Cemetery), Hart Pond

Dated at So Chelmsford on April 29 1902

Signature and place of business of Undertaker. { Daniel P Byam, So Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Azzella G. Byam Age, 5 Y. 4 M. 27 D.

Place and Date of Death, died at So. Chelmsford Mass Apr. 28 1902.

Disease or Cause of Death,‡ { Primary, Diphtheria Duration, 10 days

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Arthur G. Scobria M. D., Chelmsford Mass.

Date of Certificate, Apr. 29, 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec

41

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Charles Perry Sex, ... Color, ...

Date of Death, May 1 1902; Age, 85 Years, 7 Months, 6 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, Married Occupation, Shoemaker

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Sherborne Mass

*Place of Death, Chelmsford

Name and Birthplace of Father, ...

Maiden Name and Birthplace of Mother, Deborah Ames - Mass

Place of Interment, (Give name of Cemetery), Pine Ridge Cem. Chelmsford

Dated at Chelmsford on May 1 1902

Signature and place of business of Undertaker. Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Charles Perry Age, 85 Y. 7 M. 6 D.

Place and Date of Death, died at Chelmsford May 1st 1902

Disease or Cause of Death,‡ Primary, Senile Duration, ...

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D. Chelmsford.

Date of Certificate, May 1 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

Rec'd May 1

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec'd

42

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Still Born. Sex, Female Color, White

Date of Death May 1st 1902; Age, — Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, —

Single, Married, Widowed or Divorced, — Occupation, —

*Residence {If out of town also state fully,} # North Chelmsford Mass

Place of Birth, " " "

*Place of Death, " " "

Name of Father, Pierre Coté

Birthplace of Father, Canada

Maiden name of Mother, Celia Verville

Birthplace of Mother, Canada

Place of Interment, (give name of cemetery) St Joseph Cemetery

Dated at Lowell Mass

on May 1st 1902

Signature and place of business of Undertaker { Joseph Albert #57 Cheever St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † — Coté Age, — Y. — M, — D.

Place and Date of Death, died at North Chelmsford May 1st 1902

Disease or Cause of Death,‡ Stillborn Premature

Duration of Sickness. —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { F. E. Varney M. D. N. Chelmsford

Date of Certificate May 1st 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Recd May 2

No. .....

RETURN OF THE DEATH

OF

.....

at.....

Date,..... 1.....

Filed,..... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the fun[illegible] rites [illegible] interment [illegible] a human body shall obtain the physician's certificate made in accorda[illegible] wit[illegible] [illegible]turn it, together with the facts required by section 1, to the board of health or to the clerk of the city or [illegible] which the deat[illegible] occurred.

Rec

FORM C.

43

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Marion B Ripley Sex, F Color, W

Date of Death May 4 1902; Age, 72 Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced} Sherburne

Husband's Name, Stearns L Ripley

Single, Married, Widowed or Divorced, ... Occupation, At home

*Residence {If out of town also state fully,} North Chelmsford Mass

Place of Birth, Tyngsboro "

*Place of Death, North Chelmsford "

Name of Father, Thomas J Sherburne

Birthplace of Father, Tyngsboro Mass

Maiden name of Mother, Betsey Spaulding

Birthplace of Mother, Dunstable "

Place of Interment, (give name of cemetery) North Chelmsford

Dated at Lowell

on May 5 1902

Signature and place of business of Undertaker { J B Currier, Lowell Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Marion Ripley Age, ... Y. ..... M, ... D.

Place and Date of Death, died at N. Chelmsford May 4th 1902

Disease or Cause of Death, ‡ Bright's Disease of Kidney

Duration of Sickness. 3 years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { F E Varney M. D., N. Chelmsford

Date of Certificate May 4th 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Recd May 5th

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

44

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, William H Webster Sex, Color, ...

Date of Death, May 9 190 ; Age, 74 Years, 7 Months, ... Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, Single Occupation, Farmer

*Residence, {If out of town, also state fully.} East Chelmsford

Place of Birth, Hooksett N H

*Place of Death, E Chelmsford

Name of Father, William

Birthplace of Father, Dracut

Maiden Name of Mother, Martha Frost

Birthplace of Mother, ...

Place of Interment, (Give name of Cemetery), Oakland Dracut

Dated at Lowell on May 10 1902

Signature and place of business of Undertaker. Horace Ela & Son 12 Hurd St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† ..... Age, 72 Y. ..... M. ..... D.

Place and Date of Death, died at ..... 1 .....

Disease or Cause of Death,‡ Disease of Heart

Duration of Sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician J. C. Irish Medical Examiner M.D. 267 Nesmith St

Date of Certificate May 10 1902

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Died May 11

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

45

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Frederick W. Boisvert Sex, ... Color, White

Date of Death May 17 1902, Age, — Years, 9 Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence {If out of town also state fully,} # West Chelmsford Mass.

Place of Birth, West Chelmsford Mass

*Place of Death, West Chelmsford Mass

Name of Father, Albert Boisvert

Birthplace of Father, Canada

Maiden name of Mother, Maggie ~~Higgins~~ Egan

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) St Joseph Cemetery

Dated at Lowell Mass on May 17 1902

Signature and place of business of Undertaker: Joseph Albert #57 Chevier

Returned by A G Parkhurst

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Frederick W Boisvert Age, — Y. 9 M, — D.

Place and Date of Death, died at West Chelmsford May 17 1902

Disease or Cause of Death, ‡ Hydrocephalus and Spina bifida

Duration of Sickness. since birth

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician: F. E. Varney M. D. North Chelmsford

Date of Certificate May 18th 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Rec'd May 19 1902

No. .....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

46

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 21st 1902.

Full Name of Deceased, Anna Beata Anderson

If a married or divorced woman or a widow give also: Maiden Name, Anna Beata Carlson

Name of Husband, Andrew Anderson

Sex, Female Color, W Single, Married, Widowed or Divorced, Widow

Age, 56 Years, 10 Months, 5 Days. Occupation, House Keeper

* Residence (If out of town, also state fully.) West Chelmsford

Place of Death, West Chelmsford

Place of Birth, Holland

Name and Birthplace of Father, Carl Gustave Sevrin Holland

Maiden Name and Birthplace of Mother, Anna Christina Alvin "

Place of Burial (Give name of Cemetery) West Cemetery

Dated at West Chelmsford on May 22d 1902

Signature and place of business of Undertaker. A. G. Parkhurst W. C.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mrs Anna Beata Anderson Age, 56 Y. 10 M. 5 D.

Place and Date of Death, died at W. Chelmsford May 21st 1902.

Disease or Cause of Death,‡ Primary, Pulmonary Phthisis Duration, 2 years

Immediate, " " Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. G A Harlow M. D. Tyngsboro

Date of Certificate, May 21 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

Rec'd May 23/.02

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec

47

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John Callahan Sex, ... Color, ...

Date of Death May 25 1902 Age, 77 Years, 5 Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

~~Single~~, ~~Married~~, Widowed or ~~Divorced~~, ... Occupation, retired

*Residence {If out of town also state fully,} North Chelmsford

Place of Birth, Ireland

*Place of Death, North Chelmsford

Name of Father, not known

Birthplace of Father, Ireland

Maiden name of Mother, not known

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) St Patricks cemetery

Dated at Lowell Mass

on May 25 1902

Signature and place of business of Undertaker { James F. O'Donnell 324 Merrimack St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† John Callahan Age, 77 Y. 5 M, ... D.

Place and Date of Death, died at North Chelmsford, 1 .....

Disease or Cause of Death,‡ Pneumonia

Duration of Sickness. one week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { F E Varney M. D. North Chelmsford

Date of Certificate May 25th 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Rec'd May 26

No. .....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1.....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to t[illegible] shall obtain the physician's certificate made in accordance with section 10 [illegible] required by section 11, to the board of [illegible] the clerk [illegible]

Rec

48

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Charles W S Adams Sex, Male Color, White

Date of Death, May 24. 1902; Age, 51 Years, 5 Months, 21 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

~~Single~~, Married, ~~Widowed or Divorced~~, Married Occupation, Retired

*Residence, {If out of town, also state fully} North Chelmsford

Place of Birth, " "

*Place of Death, " "

Name of Father, Thomas J Adams

Birthplace of Father, North Chelmsford

Maiden Name of Mother, Clara Holt

Birthplace of Mother, Merrimack N. H.

Place of Interment, (Give name of Cemetery), North Chelmsford

Dated at Lowell

on May 25. 1902

Signature and place of business of Undertaker. C. M. Young & Co 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Charles W Adams Age, 51 Y. 5 M 21 D.

Place and Date of Death, died at No Chelmsford May 24. 1902

Disease or Cause of Death,‡ Heart Exhaustion

Duration of sickness, short

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Tarney M. D. North Chelmsford

Date of Certificate May 25th 1902

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd May 27

No. .....

RETURN OF THE DEATH.

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'd

FORM C.

49

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Peter J. McEnaney Sex, ... Color, ...

Date of Death June 2 1902 Age, 36 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, Clerk

*Residence {If out of town also state fully,} North Chelmsford Mass

Place of Birth, Ireland

*Place of Death, North Chelmsford Mass

Name of Father, Perron McEnaney

Birthplace of Father, Ireland

Maiden name of Mother, Rose Redmond

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) St Patrick Lowell Mass

Dated at Lowell Mass

on June 4th 1902

Signature and place of business of Undertaker { J. F. O'Donnell, Lowell Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Peter J McEnaney Age, 36 Y. ..... M, ... D.

Place and Date of Death, died at North Chelmsford, June 2 1902

Disease or Cause of Death,‡ Cancer

Duration of Sickness. one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { F E Varney M. D.
North Chelmsford

Date of Certificate June 2 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Rec'd June 4

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

49.1

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

1. Date of Death, . . .	Dec. 27-1901.
2. Name, ...	[illegible]
(Maiden Name),* .	
(Name of Husband),*	
3. Sex, and whether single,	[illegible]
Married, or Widowed,	
4. Color,†	
5. Age, ...	41 Years, 2 Months, — Days.
6. Disease or Cause of Death, (Primary and Secondary),‡	Injuries received by being
Duration of Sickness, .	thrown from his wagon
By whom certified, .	L. K. Riley M.D.
7. Residence, ...	Valdez, Alaska.
8. Occupation, ...	Teamster.
9. Place of Death, . . .	Valdez, Alaska.
10. Place of Birth, . . .	Sweden.
11. Name of Father, . .	Olof Carson.
12. Name of Mother, . . (Maiden Name),	Lovisa Ca[illegible] Can't get maiden name
13. Birthplace of Father, .	[illegible]
14. Birthplace of Mother, .	Sweden.
15. Place of Interment, .	West Cemetery, West Chelmsford, Mass.
Signature of Undertaker or other person making the Return, ...	J. E. Parkhurst

DATED at W. Chelmsford, Mass, on June 12 — 1902.

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Form C.

50

Rec

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, June 17 — 1902.

Full Name of Deceased, Sampson Stevens.

If a married or divorced woman or a widow give also { Maiden Name, ... / Name of Husband, ...

Sex, Male Color, White Single, Married, ~~Widowed~~ or Divorced, Widowered

Age, 81 Years, 7 Months, " Days. Occupation, Farmer

* Residence {If out of town, also state fully.} Chelmsford. Mass.

Place of Death, Chelmsford "

Place of Birth, Westford Mass.

Name and Birthplace of Father, Samson Stevens. Chelmsford

Maiden Name and Birthplace of Mother, Mary Woods. Acton Mass.

Place of Burial (Give name of Cemetery), Heart Pond Cemetery.

Dated at Billerica Mass.
on June 18 1902

Signature and place of business of Undertaker. { E. M. Bartlett. / Billerica.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Sampson Stevens Age, 81 Y. 7 M. 11 D.

Place and Date of Death, died at Chelmsford, Mass June 17 1902.

Disease or Cause of Death,‡ { Primary, Senile Debility — Duration, ...
Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Arthur F. Seborn M. D.
Chelmsford, Mass.

Date of Certificate, June 18, 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

Rec'd June 18

No. _____

RETURN OF THE DEATH

OF

_____

at _____

Date, _____ 190___.

Filed, _____ 190___.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. *No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death.* When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

51

Form C.

Ae

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Lucie Lambert Sex, Female Color, White

Date of Death June 24, 1902; Age, 74 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} Lucie Brodeur.

Husband's Name, Wizzie Lambert

Single, Married, Widowed or Divorced, Married Occupation, —

*Residence {If out of town also state fully,} # West Chelmsford. Mass

Place of Birth, Canada

*Place of Death, # West Chelmsford, Mass

Name of Father, Amable Brodeur.

Birthplace of Father, Canada

Maiden name of Mother, Unknown

Birthplace of Mother, Canada

Place of Interment, (give name of cemetery) St Joseph Cemetery

Dated at Lowell Mass on June 24 1902

Signature and place of business of Undertaker { Joseph Albert # 57 Cheever St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Lucie Lambert Age, 74 Y. ..... M, ... D.

Place and Date of Death, died at West Chelmsford Mass June 24 1902

Disease or Cause of Death,‡ Disease of Heart

Duration of Sickness. two years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { F E Turney M. D. North Chelmsford

Date of Certificate June 24 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Rec'd June 25

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Varney –

Rec

52

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Sarah M. Fletcher Sex, Female Color, White

Date of Death June 22 1902; Age, 73 Years, 10 Months, — Days.

Maiden Name, {If married, widowed or divorced} Sarah M Fisher

Husband's Name, Welcome J Fletcher

~~Single, Married,~~ Widowed ~~or Divorced~~ Widow Occupation, at home

*Residence {If out of town also state fully,} Chelmsford Mass

Place of Birth, Lyndon Vt

*Place of Death, Chelmsford Mass

Name of Father, Ephraim H Fisher

Birthplace of Father, Lyndon Vt

Maiden name of Mother, Zilpha Wellman

Birthplace of Mother, Brookline Vt

Place of Interment, (give name of cemetery) Edson Cemetery

Dated at Lowell Signature and place of business of Undertaker { C. M. Young & Co 33 Prescott St

on June 22 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Sarah M Fletcher Age, 73 Y. 10 M, — D.

Place and Date of Death, died at Chelmsford June 22 1902

Disease or Cause of Death,‡ Sciatic Rheumatism.

Duration of Sickness. Several months.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { Amasa Howard M. D.

Date of Certificate June 23rd 1902

Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Rec'd June 25

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

53

FORM G.

No.....

Commonwealth of Massachusetts.

[EXTRACT FROM ACTS OF 1897, CHAP. 444.]

SECTION 13. The clerk of each city and town shall forthwith make certified copies of the records of all * * * deaths recorded in the books of said city or town during the previous month, whenever the deceased person * * * was a resident in any other city or town in this Commonwealth or any other state at the time of said * * * death; and shall transmit said certified copies to the clerk of the city or town in which such deceased person * * * was a resident at the time of said * * * death, stating in addition the name of the street and number of the house, if any, where such deceased person * * * resided, whenever the same can be ascertained; and the clerk of every city or town in this Commonwealth so receiving such certified copies, or certified copies of * * * deaths * * * from the clerk of a city or town without the Commonwealth, shall record the same in the books kept for recording * * * deaths * * *

Blank to be used in compliance with the foregoing.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Copy of the Record of a

DEATH

recorded in the books of the Town of Tewksbury Mass.
(City or Town.)

during the month of July 1902.

1. Date of Death, . . .	June 15th 1902.
2. Name, ...	Mary F. Tucker
(Maiden Name), . .	Mary F. Chandler
(Name of Husband),	Charles H. Tucker
3. Sex and Color, . . .	Female. W.
4. Single, Married, Widowed or Divorced, .	Married
5. Age, ...	50 Years, 6 Months, 18 Days.
6. Disease or Cause of Death,	Malignant disease of the uterus.
Duration of Sickness,	—
By whom certified, . .	Arthur G. Scobaria M. D.
7. Residence, ...	Chelmsford Mass.
8. Occupation, ...	Housewife.
9. Place of Death, . . .	Tewksbury Mass.
10. Place of Birth, . . .	South Boston Mass.
11. Name of Father, . .	James M. Chandler
12. Name of Mother, (Maiden Name.) . .	Susan J. Harris
13. Birthplace of Father, .	Tewksbury Mass.
14. Birthplace of Mother, .	South Boston Mass.
15. Place of Interment, (Name of Cemetery.) .	Centre Cem. Tewksbury Mass.

I certify that the foregoing is a true copy.

Attest: John H. Chandler,

July 3rd 1902.

Town Clerk.
(City or Town.)

No. .....

COPY OF A RECORD

OF THE DEATH OF

.....

.....

which occurred in the .....
(City or town.)

of .....

..... 190 .

Filed ..... 190 .

Rec

54

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Helen Mc Phillips Sex, F. Color, ...

Date of Death July 5 1902. Age, — Years, — Months, 1 Days,

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, ~~Married,~~ ~~Widowed~~ or ~~Divorced~~, ... Occupation, ...

*Residence {If out of town also state fully} No. Chelmsford

Place of Birth, " "

*Place of Death, " "

Name of Father, Michael Mc Phillips

Birthplace of Father, Ireland

Maiden Name of Mother, Catherine Mc Enally

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) Catholic Cemetery Lowell

Dated at Chelmsford Signature and place of business of ~~Undertaker~~ Michael McPhillips

on July 5 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Helen Mc Phillips Age, ... Y, ... M, 1 D.

Place and Date of Death, died at North Chelmsford July 5 1902

Disease or Cause of Death, ‡ Infantile

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D.
North Chelmsford

Date of Certificate July 5 1902

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

55

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Laura B Secord Sex, Female Color, White

Date of Death July 9th 1902; Age, 23 Years, 7 Months, ... Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, Single Occupation, Athenae

*Residence {If out of town also state fully,} Chelmsford Mass

Place of Birth, St Johns N B

*Place of Death, Chelmsford Mass

Name of Father, Gilbert J Secord

Birthplace of Father, St Johns N B

Maiden name of Mother, Charlotte A Pierce

Birthplace of Mother, St Johns N B

Place of Interment, (give name of cemetery) Eckenberg Lowell Mass

Dated at Lowell

on 10th 1902

Signature and place of business of Undertaker { J A Weinbeck 88 Middlesex

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † ..... Age, ... Y, ... M, ... D.

Place and Date of Death, died at ..... 1 .....

Disease or Cause of Death, ‡ Traumatic Peritonitis

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { R. E. Bell ..... M. D.

Date of Certificate 1

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Rec'd. July 11

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

56

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Florida Bibeault Sex, Color,

Date of Death July 12 1902 Age, — Years, 5 Months, 15 Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation,

*Residence {If out of town also state fully} Chelmsford Center

Place of Birth, Lowell Mass

*Place of Death, Chelmsford Center

Name of Father, ~~Unknown~~ Wilfred Bibeault

Birthplace of Father, Canada

Maiden Name of Mother, Celia Bibeault

Birthplace of Mother, Canada

Place of Interment, (give name of cemetery) St Joseph

Dated at Lowell

on July 12 1902

Signature and place of business of Undertaker { F. Richambault 738 Merrimack

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Age, Y, M, D.

Place and Date of Death, died at 1

Disease or Cause of Death, ‡ Cholera Infantum

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Benj. Benoit M. D. 58 Thirteenth St

Date of Certificate July 12th 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Recd Aug 13/02

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Re C

FORM C.

57

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Frank Santamour Sex, M Color, W

Date of Death July 16 1902; Age, 53 Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, Laborer

*Residence {If out of town also state fully,} Chelmsford

Place of Birth, Canada

*Place of Death, Chelmsford

Name of Father, Michael Santamour

Birthplace of Father, Canada

Maiden name of Mother, unknown

Birthplace of Mother, "

Place of Interment, (give name of cemetery) Chelmsford Centre

Dated at Lowell

on July 17 1902

Signature and place of business of Undertaker { J B Cumer, Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased † Frank Santamour Age, 53 Y. ..... M, ... D.

Place and Date of Death, died at Chelmsford July 16 1902

Disease or Cause of Death,‡ Pneumonia & Empyaema

Duration of Sickness. 3 weeks.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of City Physician { Arthur T. Scobona, Chelmsford, Mass. M. D.

Date of Certificate 1902

..... Agent Board of Health.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

5

Dr A Caboche

No. .....

RETURN OF THE DEATH

OF

Frank Santamour

at Chelmsford

Date, July 16, 1902

Filed, " 17, 1902

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION. 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

58

Res

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, — Gray Sex, Male Color,

Date of Death, July 26 1902; Age, — Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation,

*Residence {If out of town also state fully}

Place of Birth, West Chelmsford Mass

*Place of Death, " " "

Name of Father, George H Gray

Birthplace of Father, Ontario Canada

Maiden Name of Mother, Marion J Stanton

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) West Cemetary W Chelmsford

Dated at West Chelmsford

on July 26th 1902

Signature and place of business of Undertaker { A G Parkhurst W Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† West Gray Age, — Y, — M, — D.

Place and Date of Death, died at ~~North~~ Chelmsford July 26 1902

Disease or Cause of Death, ‡ Stillborn

Duration of Sickness. —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F E Varney M. D. North Chelmsford

Date of Certificate July 26th 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Recd July 28 '02

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

59

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Neil Callahan Sex, Color,

Date of Death July 31 1902 Age, — Years, 1 Months, 5 Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation,

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, North Chelsford Mass

*Place of Death, North Chelmsford

Name of Father, John F. Callahan

Birthplace of Father, Lowell

Maiden Name of Mother, Annie Bradley

Birthplace of Mother, Lowell

Place of Interment, (give name of cemetery) St Patrick

Dated at Lowell

on July 31 1902

Signature and place of business of Undertaker { J H McDermott 70 Gorham St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Neil Callahan Age, Y, 1 M, 5 D.

Place and Date of Death, died at North Chelmsford July 31 1902

Disease or Cause of Death, ‡ Inanition

Duration of Sickness. since birth

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { F E Carney M. D. North Chelmsford

Date of Certificate July 31 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd Aug 1.

No.....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

60

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Henry A Merrill Sex, M Color, W.

Date of Death, Aug 17 1902; Age, 56 Years, 5 Months, 13 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

~~Single~~, Married, ~~Widowed or Divorced~~, Married Occupation, Farmer

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Hudson, N.H.

*Place of Death, Chelmsford

Name and Birthplace of Father, Benj. A Merrill, Hudson N.H.

Maiden Name and Birthplace of Mother, ...

Place of Interment, (Give name of Cemetery), Edson Cemetery, Lowell

Dated at Chelmsford on Aug 18 1902

Signature and place of business of Undertaker. Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Henry A. Merrill Age, 56 Y. 5 M. 13 D.

Place and Date of Death, died at Chelmsford Aug. 17 1902.

Disease or Cause of Death,‡ Primary, Rheumatic Fever - Duration, several weeks

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D.

Date of Certificate, Aug. 18 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec

61

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Margaret Kilbourne Sex, Female Color, White

Date of Death Aug 19th 1902; Age, 80 Years, 7 Months, Days.

Maiden Name, {If married, widowed or divorced} Margaret Barter

Husband's Name, John Kilbourne

Single, Married, Widowed or Divorced, Widow Occupation, None

*Residence {If out of town also state fully} No Chelmsford

Place of Birth, St George Me

*Place of Death, No Chelmsford Mass

Name of Father, Not known

Birthplace of Father, " "

Maiden Name of Mother, " "

Birthplace of Mother, " "

Place of Interment, (give name of cemetery) No Chelmsford Mass

Dated at Lowell

on 20 Aug 1902

Signature and place of business of Undertaker J A Weinbeck 88 Middlesex

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Margaret Kilburn Age, 80 Y, 8 M, D.

Place and Date of Death, died at North Chelmsford Aug 19th 1902

Disease or Cause of Death, ‡ Uraemic Coma

Duration of Sickness. two year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D. North Chelmsford

Date of Certificate Aug 19th 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

·62

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Daniel W Casey Sex, Male Color, White

Date of Death Aug 22 1902; Age, 48 Years, 10 Months, — Days.

~~Maiden Name~~, {If married, widowed or divorced} .....

~~Husband's Name~~, ...

~~Single~~, Married, ~~Widowed or Divorced~~, ... Occupation, Stone Cutter

*Residence {If out of town also state fully} School St North Chelmsford

Place of Birth, Ireland

*Place of Death, School St North Chelmsford

Name of Father, Daniel

Birthplace of Father, Ireland

Maiden Name of Mother, Ellen King

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) Catholic Grantvill mass

Dated at Lowell on 22 Aug 1902

Signature and place of business of Undertaker { C. H. Malloy Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Daniel Casey Age, 48 Y, 10 M, — D.

Place and Date of Death, died at School St North Chelmsford Aug 22 1902

Disease or Cause of Death, ‡ Pulmonary Tuberculosis

Duration of Sickness. six months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F E Varney M. D. North Chelmsford

Date of Certificate Aug 22d 1902

A. G. Scoboria M. D. Agent Board of Health.

per A. Howard M. D.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Dre Varney

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

63

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Percy Reno Sex, M Color,

Date of Death, Aug. 17 1902; Age, — Years, — Months, 7 Days.

Maiden Name, {If married, widowed or divorced.} —

Husband's Name, —

Single, Married, Widowed or Divorced, — Occupation, —

*Residence, {If out of town, also state fully.} No. Chelmsford

Place of Birth, No. Chelmsford

*Place of Death, No. Chelmsford

Name of Father, Alfred F. Reno

Birthplace of Father,

Maiden name of Mother, Anna Holmes

Birthplace of Mother, Chelmsford

Place of Interment, (Give name of Cemetery), Riverside Cemetery

Dated at Chelmsford

on Aug 17 1902

Signature and place of business of Undertaker. J. S. Hutton No. Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Percy Reno Age, Y. M. 7 D.

Place and Date of Death,‡ died at North Chelmsford Aug 17 1902

Disease or Cause of Death,§ Inanition

Duration of sickness, one week.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D.
N. Chelmsford

Date of Certificate, Sept. 18 1902

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

64

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary A D Spaulding Sex, ... Color, ..

Date of Death Sept 1 1902; Age, 73 Years, ... Months, 23 Days.

Maiden Name, {If married, widowed or divorced} Mary A D Jenkins

Husband's Name, Benj J. Spaulding

~~Single~~, Married, ~~Widowed or Divorced~~, Occupation, Housewife

*Residence {If out of town also state fully} Chelmsford

Place of Birth, So. Boston

*Place of Death, Chelmsford

Name of Father, Saml Jenkins

Birthplace of Father, Boston

Maiden Name of Mother, Sarah Hunting

Birthplace of Mother, Randolph (?)

Place of Interment, (give name of cemetery) Hart Pond Cemetery

Dated at Chelmsford on Sept 2 1902

Signature and place of business of Undertaker { Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Mary A D Spaulding Age, 73 Y, — M, 23 D.

Place and Date of Death, died at Chelmsford Sept. 1st 1902

Disease or Cause of Death, ‡ Enteritis

Duration of Sickness. three days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F. E. Varney M. D. North Chelmsford

Date of Certificate Sept. 2d 1902

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Recd Sept 3

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'

65

FORM O.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary Elizabeth Battles Parkhurst Sex, f Color,

Date of Death, Sept. 2, 1902; Age, 83 Years, 6 Months, 10 Days.

Maiden Name, {If married, widowed or divorced.} Mary Elizabeth Battles

Husband's Name, Sewall Parkhurst

Single, Married, Widowed or Divorced, Widowed Occupation,

*Residence, {If out of town, also state fully.} 52 Arlington St., Lowell.

Place of Birth, Dorchester, Mass

*Place of Death, South Chelmsford.

Name and Birthplace of Father, Benjamin Stoughton.

Maiden Name and Birthplace of Mother, Charlotte Smith. Stoughton

Place of Interment, (Give name of Cemetery), Chelmsford Centre

Dated at So. Chelmsford on Sept. 2, 1902.

Signature and place of business of Undertaker. { J B Currier Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary E. Battles Age, 83 Y. 6 M. 10 D.

Place and Date of Death, died at So. Chelmsford Sept. 2 1902.

Disease or Cause of Death,‡ { Primary, Senile Duration,

Secondary, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Almira Howard M. D.

Date of Certificate, Sept. 2 1902

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Rec'd Sept 3

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

66

Rec

Ed. Jan. 23, 1894. 5,000. [ACTS OF 1889, CHAP. 208.] Plate.

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [*Approved April 5, 1889.*

Blank to be used in compliance with the foregoing.

Copy of the Record of a

DEATH

recorded in the books of the City of Lowell,
(City or Town)

during the month of September 1902 ~~18~~ .

1. Date of Death, . . .	September 5, 1902
2. Name, ...	James Riley
(Maiden Name), . .	
(Name of Husband),	
3. Sex, and whether single,	Male Single
Married, or Widowed,	
4. Color, ...	W.
5. Age, ...	50 Years, Months, Days.
6. Disease or Cause of Death,	Acute Lobar pneumonia
Duration of Sickness,	
By whom certified, . .	Daniel A O'Hearn M. D,
7. Residence, ...	North Chelmsford,
8. Occupation, ...	—
9. Place of Death, . . .	St Johns Hospital Lowell,
10. Place of Birth, . . .	—
11. Name of Father, . .	—
12. Name of Mother, . . (Maiden Name.)	—
13. Birthplace of Father, .	—
14. Birthplace of Mother, .	—
15. Place of Interment, .	St Patrick cemetery Lowell Mass,

I certify that the foregoing is a true copy.

Attest: Girard P. Dadman

Sept. 15 1902 ~~18~~ .

City Clerk.
(City or Town.)

Rec

FORM C.

07

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Edward H. Lovering Sex, M Color, W

Date of Death, Sept 13 1902; Age, 0 Years, 6 Months, 20 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Chelmsford

*Place of Death, "

Name and Birthplace of Father, Minot H Lovering, Boston.

Maiden Name and Birthplace of Mother, Sarah A Wood, Lawrence

Place of Interment, (Give name of Cemetery), Pine Ridge Cem

Dated at Chelmsford on Sept 14 1902

Signature and place of business of Undertaker. { Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edward H. Lovering Age, 0 Y. 6 M. 20 D.

Place and Date of Death, died at Chelmsford Sept. 13th 1902.

Disease or Cause of Death,‡ { Primary, Convulsions Duration, 1 day

Secondary, Enteritis Duration, 1 week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Edward H. Chamberlain, M. D.
183 Liberty St. Lowell, Mass.

Date of Certificate, Sept. 14th 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

Rec'd Sept 14

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec

FORM C.

68

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Sept 16 1902

Full Name of Deceased, Reginald A DeCarteret

{If a married or divorced woman or a widow give also} Maiden Name, ...
Name of Husband, ...

Sex, Male Color, ... Single, Married, Widowed or Divorced, ...

Age, ... Years, 2 Months, 14 Days. Occupation, ...

* Residence {If out of town, also state fully.} Tyngsboro

Place of Death, " "

Place of Birth, " " No Chelmsford

Name and Birthplace of Father, Arthur DeCarteret Jersey England

Maiden Name and Birthplace of Mother, Maryann Brake Jersey England

Place of Burial (Give name of Cemetery) Riverside Cemetery No. Chelmsford mass

Dated at Tyngsboro

on Sept 16 1902

Signature and place of business of Undertaker. J. S. Wotton
No Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Reginald A DeCarteret Age, Y. 2 M. 14 D.

Place and Date of Death, died at Tyngsboro, Sept. 16th 1902.

Disease or Cause of Death,‡ Primary, Enteritis Duration, 3 weeks

Immediate, ... Duration, —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. G. A. Harlow M. D.
~~Sept. 16th 1902~~
Tyngsboro

Date of Certificate, Sept 16th 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Recd Sept 18 *Agent of Board of Health.*

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec

Form C.

69

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Sept. 18 1902.

Full Name of Deceased, Merrill S. Stevens

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W Single, Married, Widowed or Divorced, ...

Age, 60 Years, 8 Months, 19 Days. Occupation, Farmer

* Residence {If out of town, also state fully.} Chelmsford, Mass.

Place of Death, " "

Place of Birth, Westford "

Name and Birthplace of Father, Lawson Stevens, Westford, Mass.

Maiden Name and Birthplace of Mother, Eder P. Wright, " "

Place of Burial (Give name of Cemetery), ~~Forefathers Cemetery~~ Pine Ridge Cemetery, Chelmsford, Mass

Dated at Chelmsford on Sept. 19 1902

Signature and place of business of Undertaker. { Walter P. Fisher, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Merrill Stevens, Age, 60 Y. 8 M. 19 D.

Place and Date of Death, died at Chelmsford Mass. Sept. 18, 1902.

Disease or Cause of Death,‡ { Primary, Malarial Cachexia Duration, ...

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Arthur G. Scobria, M. D. Chelmsford, Mass.

Date of Certificate, Sept. 18, 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

..... *Agent of Board of Health.*

Sept, 19

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec

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FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Kinch Sex, Male Color, ...

Date of Death Sept 20 1902; Age, ... Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence {If out of town also state fully} .....

Place of Birth, No Chelmsford

*Place of Death, " " "

Name of Father, [illegible] Kinch

Birthplace of Father, P. E. I.

Maiden Name of Mother, Lavrie Tylor

Birthplace of Mother, Buxton Maine

Place of Interment, (give name of cemetery) Dear Side Cemetery

Dated at No Chelmsford

on Sept 20 1902

Signature and place of business of Undertaker [illegible] No Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† — Kinch Age, — Y, — M, — D.

Place and Date of Death, died at North Chelmsford Sept. 20 1902

Disease or Cause of Death, ‡ Still born

Duration of Sickness. —

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D. North Chelmsford

Date of Certificate Sept 20 1902

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Sept 20

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'd

71

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Robert Fletcher Sex, M Color, W.

Date of Death Sept 21 1902; Age, 73 Years, 10 Months, 20 Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

~~Single~~, Married, ~~Widowed or Divorced~~, Married Occupation, Farmer

*Residence {If out of town also state fully} @ Chelmsford

Place of Birth, Scotland

*Place of Death, Chelmsford

Name of Father, William Fletcher

Birthplace of Father, Scotland

Maiden Name of Mother,

Birthplace of Mother, Scotland

Place of Interment, (give name of cemetery) Hart Pond Cemetery So. Chelmsford

Dated at Chelmsford on Sept 21 1902

Signature and place of business of Undertaker { Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Robert Fletcher Age, 73 Y, 10 M, 20 D.

Place and Date of Death, died at Chelmsford Sept 21 1902

Disease or Cause of Death, ‡ Diabetes the result of Malarial poisoning

Duration of Sickness. For many years confined to bed two weeks.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F. E. Varney M. D. N. Chelmsford

Date of Certificate Sept. 21 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd. Sept 25 21

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in acco[illegible] rn it, toget[illegible]er with the facts required [illegible] ion 1, to the board of health or to [illegible] eath occurr[illegible]d.

Rec

72

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Margaret E Stearns Sex, Female Color, White

Date of Death Sept 24 1902 Age, 81 Years, 9 Months, 25 Days.

Maiden Name, {If married, widowed or divorced} Margaret E Berrick

Husband's Name, Edwin L. Stearns

~~Single, Married~~, Widowed or ~~Divorced~~, Widow Occupation, at home

*Residence {If out of town also state fully} Chelmsford

Place of Birth, Lowell Mass

*Place of Death, Chelmsford Mass

Name of Father, Harmonus Berrick

Birthplace of Father, Germany

Maiden Name of Mother, Herron

Birthplace of Mother, Germany

Place of Interment, (give name of cemetery) Edson Cemetery

Dated at Lowell Signature and place of business of Undertaker { C. M. Young & Co 33 Prescott St

on Sept 24, 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Margaret E. Stearns Age, 81 Y, 9 M, 25 D.

Place and Date of Death, died at ~~Lowell~~ Chelmsford, Mass. Sept 24, 1902

Disease or Cause of Death, ‡ Malignant disease of large intestine

Duration of Sickness. Several months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Arthur G. Seabury M. D. Chelmsford, Mass.

Date of Certificate Sept. 26, 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and retu[illegible] gether with [illegible] by section 1, to the board of health or to the clerk of the city or town in which the [illegible] curred.

73

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, George R Dickey Sex, Male Color, White

Date of Death Sept 25 1902 Age, 49 Years, 11 Months, Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

~~Single~~, Married, ~~Widowed or Divorced~~, Married Occupation, Carpenter

*Residence {If out of town also state fully} 3 Dumby ave

Place of Birth, Canada

*Place of Death, Chelmsford mass

Name of Father, Enoch Dickey

Birthplace of Father, unknown

Maiden Name of Mother, Edith Lagrange

Birthplace of Mother, unknown

Place of Interment, (give name of cemetery) Edson Cemetery

Dated at Lowell

on Sept 26 1902

Signature and place of business of Undertaker { C. M. Young & Co 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† George R. Dickey Age, ... Y, ... M, ... D.

Place and Date of Death, died at Chelmsford Sept 25. 1902

Disease or Cause of Death, ‡ Disease of Heart

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { J. C. Fish Medical Examiner 267 Merrimack St

Date of Certificate Sept 27 1902

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health [illegible] the city [illegible]

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FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Frank McManus Sex, Color,

Date of Death Sept 30 1902 Age, 45 Years, — Months, — Days.

Maiden Name, (If married, widowed or divorced)

Husband's Name,

~~Single, Married~~, Widowed or ~~Divorced~~, Occupation, J. C. Ayers Co

*Residence (If out of town also state fully)

Place of Birth, Ireland

*Place of Death, Chelmsford Centre

Name of Father, Unknown

Birthplace of Father, Ireland

Maiden Name of Mother, Unknown

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) St Patrick Lowell

Dated at Lowell on Sept 30 1902

Signature and place of business of Undertaker: Jas H McDermott, 70 Gorham St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Frank McManus, Age, Y, M, D.

Place and Date of Death, died at Chelmsford, Mass.,

Disease or Cause of Death, ‡ Acute dilatation of heart result of aneurism

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Scoboria M. D. Chelmsford, Mass.

Date of Certificate Sept 30 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Lee

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Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary Jane Odell Sex, f Color, ...

Date of Death, Sept 28 ~~189~~ 1902; Age, 69 Years, 7 Months, ... Days.

Maiden Name, {If married, widowed or divorced.} Mary Jane Marshall

Husband's Name, Wm J. Odell

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, ... Occupation, ...

*Residence, {If out of town, also state fully.} No. Chelmsford

Place of Birth, Sussex N. B.

*Place of Death, No Chelmsford mass

Name of Father, Unknown

Birthplace of Father, "

Maiden name of Mother, "

Birthplace of Mother, "

Place of Interment, (Give name of Cemetery), Snow Cemetery Westford Mass

Dated at No Chelmsford on Sept 29 1902 ~~189~~

Signature and place of business of Undertaker. J. S. Hotton, No Chelmsford mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary Jane O'Dell Age, 67 Y. 7 M. ..... D.

Place and Date of Death,‡ died at North Chelmsford Sept. 28 1902

Disease or Cause of Death,§ Catarrhal Pneumonia

Duration of sickness, one week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D. N. Chelmsford

Date of Certificate, Sept. 29 1902

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Rec'd Sept 29

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 189.....

Filed, ... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certific[illegible] [illegible]cts [illegible]
health o[illegible] [illegible]ccur[illegible]

Rec'd

76

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Julia A Spaulding Sex, F. Color, W.

Date of Death Oct 5 1902; Age, 76 Years, 10 Months, 14 Days.

Maiden Name, {If married, widowed or divorced} Julia Ann Proctor

Husband's Name, Geo. Spaulding

~~Single~~, Married, ~~Widowed or Divorced~~, Married Occupation, Housewife

*Residence {If out of town also state fully} Chelmsford

Place of Birth, "

*Place of Death, "

Name of Father, Jonash Proctor

Birthplace of Father, Chelmsford

Maiden Name of Mother, Sybil Hodgman

Birthplace of Mother, Chelmsford

Place of Interment, (give name of cemetery) Forefathers Cem Chelmsford

Dated at Chelmsford Signature and place of business of Undertaker { Walter Perham Chelmsford

on Oct 5 1902 I

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Julia A Spaulding Age, 76 Y, 10 M, 14 D

Place and Date of Death, died at Chelmsford Oct 4 1902

Disease or Cause of Death, ‡ Typhoid fever

Duration of Sickness. four weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F. C. Varney M. D. North Chelmsford

Date of Certificate Oct 5th 1902

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd Oct 5

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'd

Form C.

77

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Matilda Seeton Sex, F Color, W

Date of Death, Oct. 9 1902; Age, 82 Years, 8 Months, 7 Days.

Maiden Name, {If married, widowed or divorced} Matilda Porter

Husband's Name, Andrew Seeton

Single, Married, Widowed or Divorced, ... Occupation, House wife.

*Residence, {If out of town, also state fully.} Chelmsford, Mass.,

Place of Birth, St. John, N. B.

*Place of Death, Chelmsford, Mass.

Name and Birthplace of Father, William Porter, St. John, N. B.

Maiden Name and Birthplace of Mother, ... " " "

Place of Interment, (Give name of Cemetery), Woodbine Cem. Lowell, Mass.

Dated at Chelmsford, Mass on Oct. 9 1902. Signature and place of business of Undertaker. { Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Matilda Seeton Age, 82 Y. 8 M. 7 D.

Place and Date of Death, died at Chelmsford Oct. 9th 1902.

Disease or Cause of Death,‡ { Primary, Bronchitis Duration, 10 days.

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Almaza Howard M. D.
Oct. 10 1902

Date of Certificate, Oct. 10 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

..... *Agent of Board of Health.*

Rec'd Oct 10

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec

78

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John Quincy Battles Sex, ... Color, ...

Date of Death, Oct. 11, 1902 ~~190~~ ; Age, 75 Years, 3 Months, 16 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, Married Occupation, Farmer

*Residence, {If out of town, also state fully.} South Chelmsford

Place of Birth, New Market, N. H.

*Place of Death, So. Chelmsford

Name and Birthplace of Father, Benjamin, Dorchester, Mass

Maiden Name and Birthplace of Mother, Charlotte Smith, Dorchester,

Place of Interment, (Give name of Cemetery), So Chelmsford, Mass

Dated at South Chelmsford on Oct 14 1902

Signature and place of business of Undertaker. Daniel J. Ryan, So Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† John Quincy Battles Age, 75 Y. 3 M. 16 D.

Place and Date of Death, died at So. Chelmsford, Mass. Oct. 11, 1902.

Disease or Cause of Death,‡ Primary, Myocarditis & Duration, Indefinite

Secondary, Nephritis Duration, "

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Scobria, M. D.
Chelmsford Mass

Date of Certificate, Oct. 11 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

Rec'd Oct 11, 1902.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec

79

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Alicia L Walsh Sex, Color,

Date of Death Oct 12 1902 Age, — Years, 3 Months, Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation,

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, North Chelmsford

*Place of Death,

Name of Father, John Walsh

Birthplace of Father, Ireland

Maiden Name of Mother, Bridget Sheriden

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) St Patrick

Dated at Lowell

on Oct 12 1902

Signature and place of business of Undertaker { Jas H McDermott 70 Gorham St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Alicia L Walsh Age, Y, 3 M, 1 D.

Place and Date of Death, died at N. Chelmsford Oct 12 1902

Disease or Cause of Death, ‡ Marasmus

Duration of Sickness. 2 months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F E Varney N. Chelmsford M. D.

Date of Certificate Oct. 12 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd Oct 13

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1.....

Filed, ... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of [illegible] clerk of the city or town in which the death occurred.

Rec

80

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Alexander McCannell Sex, male Color, W

Date of Death Oct 5 1902; Age, 45 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, ~~Married, Widowed or Divorced~~, ... Occupation, Carpenter

*Residence {If out of town also state fully} Nashua Road North Chelmsford

Place of Birth, upper Mills N. B.

*Place of Death, inlet from Merrimack River North Chelmsford

Name of Father, Charles McCannell

Birthplace of Father, upper Mills N. B.

Maiden Name of Mother, Elizabeth Christie

Birthplace of Mother, upper Mills N B

Place of Interment, (give name of cemetery) Edson

Dated at Lowell

on Oct 22 1902

Signature and place of business of Undertaker { C. H. Mallory, Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Alexander McCannell Age, 45 Y. — M. — D.

Place and Date of Death, died at inlet from Merrimack River Oct 5 1902

Disease or Cause of Death, ‡ Drowning.

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { J. C. Irish Medical Examiner M. D. 267 Merrimack St.

Date of Certificate Oct 22 1902

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd Oct. 22

No.....

RETURN OF THE DEATH

OF

.....

at .....

Date,..... 1 .....

Filed,..... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

81

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Oct. 13 1902

Full Name of Deceased, Homer Edison Thayer

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W Single, Married, Widowed or Divorced, ...

Age, 64 Years, 9 Months, 13 Days. Occupation, farmer

* Residence {If out of town, also state fully.} Chelmsford

Place of Death, "

Place of Birth, Vermont

Name and Birthplace of Father, Warren Thayer

Maiden Name and Birthplace of Mother, ...

Place of Burial (Give name of Cemetery) Hart Pond Cem.

Dated at Chelmsford on Oct. 14 1902

Signature and place of business of Undertaker. { Warren Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Homer E. Thayer Age, 64 Y. 9 M. 13 D.

Place and Date of Death, died at Chelmsford, Mass. Oct. 13, 1902.

Disease or Cause of Death,‡ { Primary, Cerebral Hemorrhage Duration, 5 days

Immediate, " " Duration, "

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Arthur G. Scobora M. D. Chelmsford, Mass.

Date of Certificate, Oct. 14, 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Rec'd Oct 15

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

FORM C.

Rec'd

82

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Oct. 18, 1902.

Full Name of Deceased, Sarah P. Emerson

If a married or divorced woman or a widow give also — Maiden Name, Sarah Bryant.

Name of Husband, Joseph B. Emerson.

Sex, F Color, W Single, Married, Widowed or Divorced,

Age, 68 Years, 0 Months, 15 Days. Occupation,

* Residence (If out of town, also state fully.) Chelmsford, Mass.

Place of Death, " "

Place of Birth, " "

Name and Birthplace of Father, Henry Bryant, Chelmsford, Mass.

Maiden Name and Birthplace of Mother, Relief Spaulding, Beverly, Mass.

Place of Burial (Give name of Cemetery), Forefathers Cem. Chelmsford, Mass.

Dated at Chelmsford, Mass. on Oct. 19 1902

Signature and place of business of Undertaker. Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Sarah P. Emerson Age, 68 Y. M. D.

Place and Date of Death, died at Chelmsford, Mass Oct 18 1902.

Disease or Cause of Death,‡ Primary, Pneumonia Duration, several months

Immediate, Exhaustion from same. Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. J. Forrest Martin M. D.
45 Harvard St. Lowell Mass.

Date of Certificate, Oct 19 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Rec'd Oct 20

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec'd

Form C.

83

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Edward Mc Ennis. Sex, ... Color, ...

Date of Death Oct. 21 1902; Age, 5 Years, 8 Months, 18 Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence {If out of town also state fully} No Chelmsford Mass.

Place of Birth, " " "

*Place of Death, " " "

Name of Father, Charles J. Mc Ennis.

Birthplace of Father, No. Chelmsford Mass.

Maiden Name of Mother, Clara Hodgson.

Birthplace of Mother, England.

Place of Interment, (give name of cemetery) No. Chelmsford Mass

Dated at Lowell

on Oct 22 1902

Signature and place of business of Undertaker { J. A. Weinbeck 80 Middlesex St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Edward Mc Ennis Age, 5 Y, 8 M, 18 D.

Place and Date of Death, died at North Chelmsford October 21 1902

Disease or Cause of Death, ‡ Tuberculosis.

Duration of Sickness. several weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F. E. Varney M. D. N. Chelmsford

Date of Certificate Oct. 22 1902

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd Oct. 23

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1.....

Filed, ... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

Form C.

84

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Thomas J. F. Garvey Sex, ... Color, ...

Date of Death Oct 27 1902 Age, 2 Years, 3 Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, —

*Residence {If out of town also state fully} North Chelmsford Mass.

Place of Birth, ...

*Place of Death, ...

Name of Father, John Mc Garvey

Birthplace of Father, Lowell Mass

Maiden Name of Mother, Sarah J. Mc Cabe

Birthplace of Mother, North Chelmsford Mass.

Place of Interment, (give name of cemetery) St Patrick Lowell Mass

Dated at Lowell Mass on Oct 27 1902

Signature and place of business of Undertaker { J. F. O'Donnell, 360 Merrimack St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Thomas J. Garvey Age, 2 Y, 3 M, — D.

Place and Date of Death, died at North Chelmsford Oct. 27 1902

Disease or Cause of Death, ‡ Membranous Croup

Duration of Sickness. 12 hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F. E. Varney M. D. North Chelmsford

Date of Certificate Oct. 27 1902

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

55

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Almira S. Sourien Sex, Female Color, white

Date of Death Nov 2nd 1902 Age, 90 Years, 2 Months, 4 Days.

Maiden Name, {If married, widowed or divorced} Almira S. Bean

Husband's Name, William Sourein

~~Single, Married,~~ Widowed ~~or Divorced,~~ Widow Occupation, at home

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, Epping N. H.

*Place of Death, North Chelmsford

Name of Father, Ennis Bean

Birthplace of Father, unknown

Maiden Name of Mother, " "

Birthplace of Mother, " "

Place of Interment, (give name of cemetery) Edson Cemetery

Dated at Lowell Signature and place of business of Undertaker { C. M. Young & Co 33 Prescott St.

on Nov 3, 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Almira S. Sourien Age, 90 Y, 2 M, 4 D.

Place and Date of Death, died at North Chelmsford Nov 2, 1902

Disease or Cause of Death, ‡ Apoplexy

Duration of Sickness. one month

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { F E Varney M. D. North Chelmsford

Date of Certificate Nov 4th 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd Nov 5

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1.....

Filed, ... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Re

FORM C.

86

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Nov. 2 1902

Full Name of Deceased, Stillborn / Dawson

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, Female Color, white ~~Single, Married, Widowed or Divorced~~,

Age, 0 Years, 0 Months, 0 Days. Occupation, ...

* Residence {If out of town, also state fully.} .....

Place of Death, Chelmsford

Place of Birth, "

Name and Birthplace of Father, Geo B Dawson, Lowell

Maiden Name and Birthplace of Mother, Marion L Chaffee Lowell

Place of Burial (Give name of Cemetery), Edson Cemetery Lowell

Dated at Chelmsford on Nov 3 1902

Signature and place of business of Undertaker. { Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† ..... Age, ... Y. ..... M. ..... D.

Place and Date of Death, died at Chelmsford Nov. 3 1902.

Disease or Cause of Death,‡ { Primary, Still born. Duration, ...

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Almira Howard M. D.

Date of Certificate, Nov. 3rd 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Pl e FORM C.

87

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Alice A Alderton Sex, Color,

Date of Death Nove 5 1902 Age, — Years, 8 Months, — Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation,

*Residence {If out of town also state fully} Main St North Chelmsford

Place of Birth, North chelmsford

*Place of Death, North chelmsford

Name of Father, Robert Alderton

Birthplace of Father, England

Maiden Name of Mother, Delia Shields

Birthplace of Mother, Woburn

Place of Interment, (give name of cemetery) St Patrick

Dated at Lowell

on Nove 5 1902

Signature and place of business of Undertaker { J H McDermott 70 Gorham St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Alice A Alderton Age, — Y, 8 M, — D.

Place and Date of Death, died at North Chelmsford Nov 5th 1902

Disease or Cause of Death, ‡ Marasmus

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F E Varney M. D. North Chelmsford

Date of Certificate Nov. 6th 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Recd Nov 6

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the [illegible] the city or town [illegible] which the death occurred.

Rec

FORM C.

88

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Thomas P. Curtin Sex, Color,

Date of Death Nov 7 1902, Age, 66 Years, 11 Months, Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, ~~Widowed~~ or ~~Divorced~~ Occupation, Farmer

*Residence {If out of town also state fully} Chelmsford Mass.

Place of Birth, Ireland

*Place of Death, Chelmsford

Name of Father, Patrick Curtin

Birthplace of Father, Ireland

Maiden Name of Mother, Johanna Sullivan

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) St Patricks

Dated at Lowell Mass. Signature and place of business of Undertaker { P F O'Donnell 360 Merrimack St

on Nov 7 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Thomas F. Curtin Age, 66 Y, 11 M, D.

Place and Date of Death, died at Chelmsford Mass

Disease or Cause of Death, ‡ Fracture of Spine

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Edward J. Welch, M. D.
21 Runels Bldg

Date of Certificate Nov 7 1902

Recd Nov 8 Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'd

FORM C.

89

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Nov 17 1902.

Full Name of Deceased, George F. Scheifle

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W ~~Single, Married, Widowed or Divorced~~,

Age, 0 Years, 7 Months, 11 Days. Occupation, ...

* Residence (If out of town, also state fully.) Chelmsford

Place of Death, ...

Place of Birth, Mildmay, Ontario Canada

Name and Birthplace of Father, John Scheifle Ontario Canada

Maiden Name and Birthplace of Mother, Christina Siffell Ontario Can.

Place of Burial (Give name of Cemetery), Pine Ridge Cemetery

Dated at Chelmsford on Nov 11 1902.

Signature and place of business of Undertaker. { Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Geo. F. Scheifle Age, 0 Y. 7 M. 11 D.

Place and Date of Death, died at Chelmsford Nov. 17th 1902.

Disease or Cause of Death,‡ { Primary, Congestion of Lungs Duration, 5 days. Immediate, / / Duration, /

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Amasa Howard M. D. Chelmsford

Date of Certificate, Nov. 17th 1902.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Rec'd Nov 18

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec

FORM C.

90

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Carrie A Joscelyn Sex, Female Color, White

Date of Death, Dec 2nd 1902 190 ; Age, 56 Years, Months, 2 Days.

Maiden Name, {If married, widowed or divorced} Carrie A Gay

Husband's Name, Wallace A Joscelyn

Single, Married, Widowed or Divorced, Married Occupation, at home

*Residence {If out of town also state fully} No Chelmsford

Place of Birth, Nashua N H

*Place of Death, No Chelmsford Mass

Name of Father, Joel Gay

Birthplace of Father,

Maiden Name of Mother, Elizabeth Perkins

Birthplace of Mother,

Place of Interment, (give name of cemetery) No Chelmsford Mass

Dated at Lowell

on 3rd Dec 1902

Signature and place of business of Undertaker { J A Wenibech 80 Middlesex St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Carrie A Joscelyn Age, 56 Y, — M, 2 D.

Place and Date of Death, died at North Chelmsford Dec 2nd 1902

Disease or Cause of Death, ‡ Hemiplegia [several attacks]

Duration of Sickness. Six weeks [last week mos]

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F E Varney M. D. North Chelmsford Mass

Date of Certificate Dec 2nd 1902

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd Dec. 3

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

91

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James Mc Garvey Sex, ... Color, ...

Date of Death Dec 11 1902; Age, 72 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

~~Single~~, Married, ~~Widowed or Divorced~~, ... Occupation, ...

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, Ireland

*Place of Death, No Chelmsford

Name of Father, Patrick Mc Garvey

Birthplace of Father, Ireland

Maiden Name of Mother, Rose Slavin

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) St. Patrick Cemetery

Dated at Lowell Mass

on Dec. 12 1902.

Signature and place of business of Undertaker { J. F. O'Donnell Sons, 324 Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† James Mc Garvey Age, 72 Y, ... M, ... D.

Place and Date of Death, died at North Chelmsford Dec 11 1902

Disease or Cause of Death, ‡ Locomotor Ataxia

Duration of Sickness. three years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F E Garvey M. D. N. Chelmsford

Date of Certificate Dec 12 1902

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd Dec 13

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1

Filed, ... 1

Acts of 1897. Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

92

FORM C.

Commonwealth of Massachusetts.

No.....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Alfred G Fallon Sex, ... Color, ...

Date of Death Dec 17 1902; Age, 4 Years, 6 Months, 9 Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, North Chelmsford

*Place of Death, North Chelmsford

Name of Father, Edward Fallon

Birthplace of Father, Lowell

Maiden Name of Mother, Mary A Gorman

Birthplace of Mother, North Chelmsford

Place of Interment, (Give name of cemetery) St Patrick

Dated at Lowell Mass Signature and place of business of Undertaker { James H. McDermott 70 Gorham St.

on Dec 17 1902

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Alfred G. Fallon Age, 4 Y, 6 M, 9 D.

Place and Date of Death, died at No Chelmsford Dec. 17th 1902

Disease or Cause of Death, ‡ Membranous Croup.

Duration of Sickness. Few days.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { Amasa Howard M. D. Chelmsford

Date of Certificate Dec. 17th 1902.

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

93

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Hannah A Wright Sex, Fe Color, W

Date of Death Dec 24 1902 Age, 68 Years, ... Months, — Days.

Maiden Name, {If married, widowed or divorced} Hannah A Cumming

Husband's Name, Samuel T Wright

Single, Married, Widowed or Divorced, Widow Occupation, at Home

*Residence {If out of town also state fully} North Chelmsford Mass

Place of Birth, Dunstable Mass

*Place of Death, North Chelmsford Mass

Name of Father, Charles S Cumming

Birthplace of Father, Dunstable Mass

Maiden Name of Mother, Hannah Littlehall

Birthplace of Mother, Dunstable Mass

Place of Interment, (give name of cemetery) Tyngsboro Mass

Dated at Lowell Mass on Dec 27 1902

Signature and place of business of Undertaker: John A Wembeck, 80 Middlesex St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Hannah A Wright Age, 68 Y, ... M, ... D.

Place and Date of Death, died at North Chelmsford Dec 26 1902

Disease or Cause of Death, ‡ Organic disease of heart

Duration of Sickness. two years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D. North Chelmsford

Date of Certificate Dec 27 1902

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

FORM C.

Reb

94

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, January 6 1903.

Full Name of Deceased, Hannah H. Perham

{If a married or divorced woman or a widow give also} Maiden Name, Hannah H Mayfield

Name of Husband, Samuel P Perham

Sex, F. Color, W. ~~Single, Married~~, Widowed or ~~Divorced~~, Widowed

Age, 76 Years, 5 Months, 7 Days. Occupation, Housewife

* Residence {If out of town, also state fully.} Chelmsford

Place of Death, "

Place of Birth, Exeter, Maine

Name and Birthplace of Father, Nathan N. Mayfield, Exeter Me.

Maiden Name and Birthplace of Mother, Hannah Hill, Louden, N.H.

Place of Burial (Give name of Cemetery) Edson Cem. Lowell

Dated at Chelmsford

on Jan 7 1903

Signature and place of business of Undertaker. Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Hannah H. Perham Age, 76 Y. 5 M. 7 D.

Place and Date of Death, died at Chelmsford Jan. 6 1903.

Disease or Cause of Death,‡ Primary, Neuritis Duration, 8 months

Immediate, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D.

Date of Certificate, Jan. 6th 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Recd Jan 7

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Re

FORM C.

95

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Gardner K. Ripley Sex, Male. Color, White.

Date of Death, January 7th 1903; Age, 24 Years, 4 Months, 9 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, Single Occupation, Mechanic

*Residence, {If out of town, also state fully.} North Chelmsford, Mass.

Place of Birth, " "

*Place of Death, " "

Name and Birthplace of Father, F. K. Ripley. North Chelmsford. Mass.

Maiden Name and Birthplace of Mother, Josephine A. Kidder. Westford, Mass.

Place of Interment, (Give name of Cemetery), Riverside Cemetery. North Chelmsford. "

Dated at North Chelmsford on January 8 1903

Signature and place of business of Undertaker. Albert D. Richardson, Westford Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Gardner K Ripley Age, 24 Y. 4 M. 9 D.

Place and Date of Death, died at North Chelmsford Jany 7 1903.

Disease or Cause of Death,‡ Primary, Epilepsy Duration, several years

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Farrey M. D. North Chelmsford

Date of Certificate, Jany 8 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec'd

FORM C.

96

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Jan. 11th 1903.

Full Name of Deceased, Willard Brooks Cummings

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, Male Color, White ~~Single~~, ~~Married~~, Widowed ~~or Divorced~~,

Age, 91 Years, 11 Months, 4 Days. Occupation, Blacksmith

* Residence {If out of town, also state fully.} Tyngsboro.

Place of Death, North Chelmsford

Place of Birth, Tyngsboro

Name and Birthplace of Father, John Cummings Dunstable Mass

Maiden Name and Birthplace of Mother, Sally " " "

Place of Burial (Give name of Cemetery), Swans Cemetery Tyngsboro

Dated at Lowell on 13th Jan 1903

Signature and place of business of Undertaker. { Jesse Butterfield Tyngsboro

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Willard B. Cummings Age, 91 Y. 11 M. 4 D.

Place and Date of Death, died at No. Chelmsford Jan 11th 1903.

Disease or Cause of Death,‡ { Primary, Old age Duration, —

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { G. A. Harlow. M. D. Tyngsboro Mass

Date of Certificate, Jan. 11th 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Recd Jan 13

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

FORM C.

97

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, George Day Sex, Male Color, White

Date of Death Jan 29th 1903; Age, 83 Years, 3 Months, 11 Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

~~Single~~, ~~Married~~, Widowed or ~~Divorced~~, Widowed Occupation,

*Residence {If out of town also state fully} Chelmsford Mass

Place of Birth, New Brunswick

*Place of Death, Chelmsford Mass

Name of Father, Jacob Day

Birthplace of Father, McMother Margaret Colpitts

Maiden Name of ~~Mother~~ Father Birthplace England

Birthplace of Mother, England

Place of Interment, (Give name of cemetery)

Dated at Lowell on 29 Jan 1903

Signature and place of business of Undertaker J. A. Weinbeck 80 Middlesex

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† George Day Age, 83 Y, M, D.

Place and Date of Death, died at Chelmsford, Mass. Jan. 29, 1903

Disease or Cause of Death, ‡ General shock from a fall

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician C. E. Simpson M. D. Lowell, Mass.

Date of Certificate Jan 30, 1903

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd Jan 30

No.....

RETURN OF THE DEATH

OF

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at.....

Date,..... 1.....

Filed,..... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall

Rec'd

FORM C.

98

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Jan. 28 1903.

Full Name of Deceased, Elbridge G. Smith

{If a married or divorced woman or a widow give also} Maiden Name, ...
Name of Husband, ...

Sex, M Color, W Single, Married, Widowed or Divorced, Widowed

Age, 69 Years, 7 Months, 25 Days. Occupation, Retired

* Residence {If out of town, also state fully.} Chelmsford, Mass.

Place of Death, Chelmsford, Mass.

Place of Birth, Westford, Mass.

Name and Birthplace of Father, Wm. G. Smith, Maine

Maiden Name and Birthplace of Mother, Dorcas Dutton, Chelmsford.

Place of Burial (Give name of Cemetery) Forefathers Cem. Chelmsford, Mass.

Dated at Chelmsford, Mass on Jan. 28. 1903

Signature and place of business of Undertaker. Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Elbridge G. Smith Age, 69 Y. 7 M. 25 D.

Place and Date of Death, died at Chelmsford Jan. 28 1903.

Disease or Cause of Death,‡ Primary, Bright's Disease Duration, 2 years.
Immediate, Uraemic Poisoning Duration, 2 weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D.

Date of Certificate, Jan. 29 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

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Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such [illegible] a written [illegible]ent, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of [illegible]h or age[illegible] [illegible]ceipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or [illegible]wn for re[illegible] Penalty for violation not exceeding fifty dollars.

Rel FORM C. 97

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Moore Sex, female Color,

Date of Death Jan 31 25 1903; Age, Years, Months, Days.

Maiden Name, {If married, widowed or divorced} — Moore

Husband's Name,

Single, Married, Widowed or Divorced, Occupation,

*Residence {If out of town also state fully}

Place of Birth, No Chelmsford

*Place of Death, " " "

Name of Father, ~~James~~ Robert Moore

Birthplace of Father, North of Ireland

Maiden Name of Mother, Mary Smith

Birthplace of Mother, North of Ireland

Place of Interment, (give name of cemetery) River Side

Dated at No Chelmsford on Jan 31 25 1903

Signature and place of business of Undertaker: James S. Stotten, No Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Moore Age, — Y, — M, — D.

Place and Date of Death, died at North Chelmsford Jany 30 1903

Disease or Cause of Death, ‡ stillborn

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D. North Chelmsford

Date of Certificate Jany 31 1903

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certifi[illegible] l return it, together with the facts required [illegible] ion 1, to the board [illegible] alth [illegible] he death occurred.

Re

FORM C.

100

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Feb. 5, 1903.

Full Name of Deceased, Samuel J. Garland

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, M Color, W Single, Married, Widowed or Divorced, Married

Age, 68 Years, 1 Months, 18 Days. Occupation, Retired

* Residence {If out of town, also state fully.} South Chelmsford, Mass.

Place of Death, " " "

Place of Birth, Topsham Vt.

Name and Birthplace of Father, Amos Garland Alsipee, N. H.

Maiden Name and Birthplace of Mother, Betsey Parker, Salisbury, N. H.

Place of Burial (Give name of Cemetery), Hart Pond Cemetery

Dated at Chelmsford, Mass. on Feb. 6 1903

Signature and place of business of Undertaker. { Walter Perkins, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Sam'l. J. Garland Age, 68 Y. 1 M. 18 D.

Place and Date of Death, died at So. Chelmsford, Mass., Feb. 5, 1903.

Disease or Cause of Death,‡ { Primary, Heart Disease Duration, ...

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Arthur G. Scobord M. D., Chelmsford, Mass.

Date of Certificate, Feb. 6, 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[EXTRACTS FROM CHAPTER 29, REVISED LAWS.]

SECTION 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

SECTION 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[EXTRACTS FROM CHAPTER 78, REVISED LAWS.]

SECTION 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec

FORM C.

Commonwealth of Massachusetts.

101

No.....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Bridget Ready Sex, ... Color, ...

Date of Death Feb 9 1903; Age, 66 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, Michael Ready

~~Single, Married~~, Widowed ~~or Divorced~~, ... Occupation, At Home.

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, Ireland

*Place of Death, North Chelmsford

Name of Father, Michael Ready John McKeon

Birthplace of Father, Ireland

Maiden Name of Mother, Bridget Lamson

Birthplace of Mother, Ireland

Place of Interment, (Give name of cemetery) St Patrick

Dated at Lowell Signature and place of business of Undertaker { Thos J. McDermott / 70 Gorham St

on Feb 9 1903

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Bridget Ready Age, 66 Y, ... M, ... D.

Place and Date of Death, died at North Chelmsford Feby 9 1903

Disease or Cause of Death, ‡ Influenza

Duration of Sickness. Four days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { F E Varney M. D. / North Chelmsford

Date of Certificate Feby 9 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd Feb 10

No.....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

102

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Henry Ménard Sex, Male Color, White

Date of Death Feb. 20 1903 Age, 60 Years, 4 Months, 20 Days.

Maiden Name, {If married, widowed or divorced} —

Husband's Name, —

Single, Married, Widowed or Divorced, Widower Occupation, —

*Residence {If out of town also state fully} # North Chelmsford, Mass

Place of Birth, Canada

*Place of Death, # North Chelmsford

Name of Father, Noël Ménard

Birthplace of Father, Canada

Maiden Name of Mother, ~~Mary~~ Unknown

Birthplace of Mother, Canada

Place of Interment, (Give name of cemetery) St Joseph Cemetery

Dated at Lowell Mass on Feb. 20th 1903

Signature and place of business of Undertaker: Joseph Albert, # 57 Cheever St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Henry Ménard Age, 60 Y, 4 M, 20 D.

Place and Date of Death, died at North Chelmsford Feby 20 1903

Disease or Cause of Death, ‡ Cancer of Pancreas.

Duration of Sickness. six months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician: F. E. Varney M. D. North Chelmsford

Date of Certificate Feby 20 1903

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Rec'd Feb. 21

No.....

RETURN OF THE DEATH

OF

.....

at.....

Date,..... 1.....

Filed,..... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Varney —

Rec'd

FORM C.

Dup

103

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Alice C Peterson Sex, Female Color, W

Date of Death Feb 27th 1903; Age, 79 Years, 8 Months, 10 Days.

Maiden Name, {If married, widowed or divorced} Alice C Israil ~~Widow~~

Husband's Name, Jonas G. Peterson

Single, Married, Widowed or Divorced, Widow Occupation, House keeper

*Residence {If out of town also state fully} W Chelmsford

Place of Birth, Sweden

*Place of Death, West Chelmsford

Name of Father, Unknown

Birthplace of Father, "

Maiden Name of Mother, "

Birthplace of Mother, "

Place of Interment, (give name of cemetery) West Chelmsford

Dated at Feb 28th 1903 Signature and place of business of Undertaker { A G Parkhurst W Chelmsford

on 1

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Alice C Peterson Age, 79 Y, 8 M, 10 D.

Place and Date of Death, died at West Chelmsford Feby 27 1903

Disease or Cause of Death, ‡ Senility

Duration of Sickness. one week in bed

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { F. E. Varney M. D. North Chelmsford

Date of Certificate Feby 27 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd with 2

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and retu[illegible] ogether with the facts required by section 1, to the board of health or to the clerk of the city or town in which t[illegible] curred.

Rec

104

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Rose Follansby Sex, Color,

Date of Death March 8 1903; Age, 34 Years, Months, Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

~~Single~~, ~~Married~~, Widowed ~~or Divorced~~, Occupation, at Home

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, Lowell Mass

*Place of Death, North Chelmsford Mass.

Name of Father, Andrew Campbell

Birthplace of Father, Ireland

Maiden Name of Mother, Kate McKenna

Birthplace of Mother, Ireland

Place of Interment, (Give name of cemetery) St Patricks

Dated at Lowell Mass on Mar 9 1903.

Signature and place of business of Undertaker { J. F. O'Donnell & Sons, 324 Master St. Lowell Mass.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Rose Follansby Age, 34 Y, M, D.

Place and Date of Death, died at North Chelmsford March 8 1903

Disease or Cause of Death, ‡ Pulmonary Tuberculosis

Duration of Sickness. one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { F E Carney M. D. North Chelmsford

Date of Certificate Mch 9 1903

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd March 10

No.....

RETURN OF THE DEATH

OF

Rose Follensby

at No. Chelmsford

Date, March 8 1903

Filed, March 10, 1903

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Form C. 105

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 6th 1903

Full Name of Deceased, Eva Verville

If a married or divorced woman or a widow give also — Maiden Name, —

Name of Husband, —

Sex, Female Color, White Single, Married, Widowed or Divorced, —

Age, Years, 2 Months, 19 Days. Occupation, —

* Residence (If out of town, also state fully.) # North Chelmsford Mass

Place of Death, North Chelmsford Mass

Place of Birth, North Chelmsford Mass

Name and Birthplace of Father, Ernest Verville, Canada

Maiden Name and Birthplace of Mother, Séverine Sellier Canada

Place of Burial (Give name of Cemetery), St Joseph Cemetery

Dated at Lowell Mass on March 6th 1903

Signature and place of business of Undertaker. Joseph Albert #57 Chauncey St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Eva Verville Age, Y. 2 M. 19 D.

Place and Date of Death, died at North Chelmsford Mch 6 1903

Disease or Cause of Death,‡ Primary, Marasmus Duration, since birth

Immediate, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D.
N. Chelmsford

Date of Certificate, Mch 6 1903

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec 2

106

Commonwealth of Massachusetts.

[Acts of 1897, Chap. 444.]

Section 13. The clerk of each city and town shall forthwith make certified copies of the records of all births and deaths recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born were resident in any other city or town in this Commonwealth or any other state at the time of said birth or death; and shall transmit said certified copies to the clerk of the city or town in which such deceased person or parents were resident at the time of said birth or death, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk of every city or town in this Commonwealth so receiving such certified copies, or certified copies of births, deaths or marriages, from the clerk of a city or town without the Commonwealth, shall record the same in the books kept for recording births, deaths or marriages.

Blank to be used in compliance with the foregoing.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Copy of the Record of a

DEATH

recorded in the books of the City of Lowell.
(City or Town.)

during the month of March 1903 ~~1899~~.

1. Date of Death,	March 11, 1903
2. Name,	Harriett M. Bartlett
(Maiden Name),	" " Cooper
(Name of Husband),	Charles E. A. Bartlett
3. Sex and Color,	Female, White
4. Single, Married, Widowed or Divorced,	Widowed
5. Age,	68 Years, Months, Days.
6. Disease or Cause of Death,	Pulmonary Hemorrhage
Duration of Sickness,	—
By whom certified,	Wm T Carolin M. D,
7. Residence,	Chelmsford Mass.
8. Occupation,	At Home
9. Place of Death,	362 East Merrimack Street Lowell
10. Place of Birth,	Lowell
11. Name of Father,	Isaac Cooper
12. Name of Mother, (Maiden Name.)	Maria Dinsmore
13. Birthplace of Father,	England
14. Birthplace of Mother,	West Boylston
15. Place of Interment, (Name of Cemetery.)	Chelmsford Mass.

I certify that the foregoing is a true copy.

Attest: Gerard E. Dadman

Mar. 21 1903 ~~1899~~.

City Clerk.
(City or ~~Town.~~)

No. .....

COPY OF A RECORD

OF THE DEATH OF

.....

.....

which occurred in the .....
(City or town.)

of .....

..... 1899.

Filed ..... 1899.

Rec'd

FORM C.

107

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 14 1903

Full Name of Deceased, Carl A. Quist

{If a married or divorced woman or a widow give also} Maiden Name, ...
Name of Husband, ...

Sex, Male Color, White Single, Married, ~~Widowed~~ or Divorced, Single

Age, 23 Years, 6 Months, 17 Days. Occupation, Stone Cutter

* Residence {If out of town, also state fully.} West Chelmsford

Place of Death, " " "

Place of Birth, Sweden

Name and Birthplace of Father, Anders G. Quist Sweden

Maiden Name and Birthplace of Mother, Regina L. Peterson " "

Place of Burial (Give name of Cemetery) West Chelmsford

Dated at Lowell
on March 14 1903

Signature and place of business of Undertaker. C. M. & Young Co

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Carl Quist Age, 23 Y. 6 M. 17 D.

Place and Date of Death, died at West Chelmsford Mch 14 1903.

Disease or Cause of Death,‡ Primary, Pulmonary Tuberculosis Duration, two years

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D.
West Chelmsford

Date of Certificate, Mch 14 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....
Agent of Board of Health.

Rec'd March 16

No. .....

RETURN OF THE DEATH

OF

Carl A. Lint

at West Bridgewater

Date, March 14 1903.

Filed, " 16 1903.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Pe

FORM C.

108

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, March 16 1903.

Full Name of Deceased, Alvah Howard Richardson

If a married or divorced woman or a widow give also: Maiden Name, ...

Name of Husband, ...

Sex, M Color, W ~~Single~~, Married, ~~Widowed or Divorced~~, Married

Age, 69 Years, 6 Months, 12 Days. Occupation, Farmer

* Residence (If out of town, also state fully.) Chelmsford

Place of Death, Chelmsford

Place of Birth, "

Name and Birthplace of Father, " Elijah R. Richardson, Chelmsford

Maiden Name and Birthplace of Mother, " Elizabeth Emerson "

Place of Burial (Give name of Cemetery), Forefathers Cem.

Dated at Chelmsford on March 18 1903

Signature and place of business of Undertaker. W Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† A. H. Richardson Age, 69 Y. 6 M. 12 D.

Place and Date of Death, died at Chelmsford Mch. 16 1903.

Disease or Cause of Death,‡ Primary, Typhoid Fever Duration, 2 weeks.

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D.

Date of Certificate, Mch. 18 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec'd

109

Commonwealth of Massachusetts.

[Acts of 1897, Chap. 444.]

Section 13. The clerk of each city and town shall forthwith make certified copies of the records of all births and deaths recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born were resident in any other city or town in this Commonwealth or any other state at the time of said birth or death; and shall transmit said certified copies to the clerk of the city or town in which such deceased person or parents were resident at the time of said birth or death, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk of every city or town in this Commonwealth so receiving such certified copies, or certified copies of births, deaths or marriages, from the clerk of a city or town without the Commonwealth, shall record the same in the books kept for recording births, deaths or marriages.

Blank to be used in compliance with the foregoing.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Copy of the Record of a

DEATH

recorded in the books of the City of Lowell
(City or Town.)
during the month of March 1903 1899.

1. Date of Death,	March 23, 1903,
2. Name,	Harriet M. Kennedy
(Maiden Name),	" " Alexander
(Name of Husband),	George H. Kennedy
3. Sex and Color,	Female White
4. Single, Married, Widowed or Divorced,	Married
5. Age,	37 Years, Months, Days.
6. Disease or Cause of Death,	Fibroid of Uterus (Sloughing) Peritonitis
Duration of Sickness,	(No Operation)
By whom certified,	J. Arthur Gage M. D.
7. Residence,	No Chelmsford Mass.
8. Occupation,	Home wife
9. Place of Death,	Lowell General Hospital
10. Place of Birth,	Gilson N. H.
11. Name of Father,	George B. Alexander
12. Name of Mother, (Maiden Name.)	Parthelia S. Bigno
13. Birthplace of Father,	—
14. Birthplace of Mother,	Askwith N. H.
15. Place of Interment, (Name of Cemetery.)	Gilsum N. H.

I certify that the foregoing is a true copy.

Attest: Gerard P. Dadmun

Mar. 28 1903 1899.

City Clerk.
(City or Town.)

No. .....

COPY OF A RECORD

OF THE DEATH OF

.....

.....

which occurred in the .....
(City or town.)

of .....

..... 1899.

Filed ..... 1899.

Rec

110

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name William McClure Sex, Male Color White

Date of Death, Mar 25 1903 ~~189~~; Age, 54 Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, Married Occupation, Farmer

*Residence, {If out of town, also state fully.} No Chelmsford

Place of Birth, Ireland

*Place of Death, No Chelmsford

Name of Father, Unknown

Birthplace of Father, " "

Maiden name of Mother, " "

Birthplace of Mother, " "

Place of Interment, (Give name of Cemetery), No Chelmsford

Dated at Lowell

on 25th Mar 1903

Signature and place of business of Undertaker. J. A. Weinbeck 80 Middlesex St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† William McClure Age, ... Y. ..... M. ..... D.

Place and Date of Death,‡ died at North Chelmsford Mch 25 1903

Disease or Cause of Death,§ Disease of Liver

Duration of sickness, three months

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D.
North Chelmsford

Date of Certificate, Mch. 25 1903

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Rec'd March 27 '03

No. .....

RETURN OF THE DEATH

OF

Wm. McClure

at No. Greenwood

Date, March 25 1903

Filed, March 27 1903.

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Re

111

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ellen Larkin Sex, Color,

Date of Death March 28 1903 Age, 32 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, Occupation,

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, Lowell Mass

*Place of Death, North Chelmsford

Name of Father, John Larkin

Birthplace of Father, Ireland

Maiden Name of Mother, Mary Gannon

Birthplace of Mother, Ireland

Place of Interment, (Give name of cemetery) St Patrick's Cemetery

Dated at Lowell Mass

on March 28 1903

Signature and place of business of Undertaker { James H. O'Donnell & Sons 324 Merrimack St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Ellen Larkin Age, 32 Y, M, D.

Place and Date of Death, died at No. Chelmsford March 28 1903

Disease or Cause of Death, ‡ Phthisis

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { Ellen J. Welch M. D.
2 Rumels Bldg

Date of Certificate March 28 1903.

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd March 30.

No.....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites prelimina[illegible]

[illegible] section 10, and re[illegible]

[illegible]r town in which

Form C.

Rec

112

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, 7th April 1903.

Full Name of Deceased, Viola R. Miller

If a married or divorced woman or a widow give also { Maiden Name, Viola R. Miller
Name of Husband, —

Sex, Female Color, White Single, Married, ~~Widowed or Divorced~~, Single

Age, — Years, 4 Months, 23 Days. Occupation,

* Residence {If out of town, also state fully.} North Chelmsford

Place of Death, " "

Place of Birth, " "

Name and Birthplace of Father, William Miller, Novascotia

Maiden Name and Birthplace of Mother, Carrie Richford, England

Place of Burial (Give name of Cemetery), No. Chelmsford.

Dated at Lowell on April 8. 1903

Signature and place of business of Undertaker. { C. M. Young & Co 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Viola Ruth Miller Age, Y. 4 M. 23 D.

Place and Date of Death, died at Chelmsford Apr. 7 1903.

Disease or Cause of Death,‡ { Primary, Malnutrition Duration, 2 mo.
Immediate, Acute meningitis Duration, few hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { G. A. Harlow M. D.
Tyngsboro.

Date of Certificate, Apr. 7 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Recd Apr 9

No. .....

RETURN OF THE DEATH

OF

Viola R. Miller

at No. Lunenford

Date, Apl 7 1903.

Filed, Apl 7 1903.

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec

113

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary Cote Sex, female Color, white

Date of Death, April 10th 1903; Age, — Years, — Months, 1 ~~Days~~ hour

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence, {If out of town, also state fully.} North Chelmsford Mass

Place of Birth, " " "

*Place of Death, " " "

Name and Birthplace of Father, Peter Cote Canada

Maiden Name and Birthplace of Mother, Delia Verville "

Place of Interment, (Give name of Cemetery), St Joseph Cemetery Chelmsford

Dated at Lowell Mass on April 10th 1903.

Signature and place of business of Undertaker. Joseph Alberts 57 Cheever St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary Cote' Age, one hour Y. M. D.

Place and Date of Death, died at N Chelmsford April 10 1903.

Disease or Cause of Death,‡ Primary, Premature birth Duration, ...

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D. N Chelmsford

Date of Certificate, April 10 1903

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

..... *Agent of Board of Health.*

Rec'd Apr 11

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190....

Filed, ...190....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec'd

FORM C.

114

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 15 1903.

Full Name of Deceased, Lee

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, fem. Color, ... Single, Married, Widowed or Divorced, ...

Age, — Years, — Months, — Days. Occupation, ...

* Residence {If out of town, also state fully.} Chelmsford

Place of Death, Chelmsford

Place of Birth, Chelmsford

Name and Birthplace of Father, William M. Lee Stanstead, Ca

Maiden Name and Birthplace of Mother, Anna A. Barrett Lowell

Place of Burial (Give name of Cemetery), Edson Cemetery, Lowell

Dated at Chelmsford on April 16 1903

Signature and place of business of Undertaker. { William M. Lee

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Infant female child Age, × Y. × M. × D.

Place and Date of Death, died at Chelmsford Apr. 15 1903.

Disease or Cause of Death,‡ { Primary, Still born Duration, ×

Immediate, ... Duration, ×

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Clinton Howard M. D.

Date of Certificate, Apr. 16 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

..... *Agent of Board of Health.*

Rec'd Apr. 16

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

115

FORM C.

Commonwealth of Massachusetts.

No.....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John Dunn Sex, ... Color, ...

Date of Death May 4, 1903; Age, 80 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, Occupation, Retired

*Residence {If out of town also state fully} West Chelmsford Mass.

Place of Birth, Ireland

*Place of Death, West Chelmsford Mass.

Name of Father, Not Known

Birthplace of Father, " " "

Maiden Name of Mother, " " "

Birthplace of Mother, Ireland

Place of Interment, (Give name of cemetery) St Patricks Lowell Mass.

Dated at West Chelmsford Mass Signature and place of business of Undertaker { J. F. O'Donnell & Sons 324 Market St Lowell Mass.

on May 4 1903.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† John Dunn Age, 80 Y, — M, — D.

Place and Date of Death, died at West Chelmsford May 4 1903

Disease or Cause of Death, ‡ Senility

Duration of Sickness. Confined to bed one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { F E Varney M. D. West Chelmsford

Date of Certificate May 5 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd May 6 1903

No.....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made i[illegible] [illegible]eturn it, together with the [illegible]cts required by sec- [illegible] the board of health or to the cle[illegible] [illegible] death occurred.

FORM C. 116

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

May 11th 1903

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Deborah J Cochran 1903.

Full Name of Deceased, Deborah J Cochran

If a married or divorced woman or a widow give also — Maiden Name, Deborah J Clayton

Name of Husband, William F Cochran

Sex, ... Color, ... Single, Married, Widowed or Divorced, ...

Age, 46 Years, ... Months, ... Days. Occupation, ...

* Residence (If out of town, also state fully.) No Chelmsford

Place of Death, No Chelmsford

Place of Birth, New Brunswick

Name and Birthplace of Father, Samuel Clayton N B

Maiden Name and Birthplace of Mother, Elizabeth Rutherford

Place of Burial (Give name of Cemetery), No Chelmsford

Dated at Lowell

on 12th May 1903

Signature and place of business of Undertaker. J A Weinbiel, Lowell Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Deborah Cochran Age, 46 Y. ..... M. ..... D.

Place and Date of Death, died at North Chelmsford May 10th 1903.

Disease or Cause of Death,‡ Primary, Pneumonia Duration, 6 days

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Carney M. D.
North Chelmsford.

Date of Certificate, May 13 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

..... *Agent of Board of Health.*

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec

FORM C.

117

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, April 11 1903.

Full Name of Deceased, Still Born, (Vickery)

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, ... Color, ... Single, Married, Widowed or Divorced, ...

Age, 0 Years, 0 Months, 0 Days. Occupation, ...

* Residence {If out of town, also state fully.} .....

Place of Death, Chelmsford

Place of Birth, "

Name and Birthplace of Father, H. A Vickery, Yarmouth N.S.

Maiden Name and Birthplace of Mother, Georgie F. Allen, Yarmouth N.S.

Place of Burial (Give name of Cemetery), Pine Ridge Cem. Chelmsford

Dated at Chelmsford on April 11 1903

Signature and place of business of Undertaker. { W. Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† ..... Age, ... Y. ..... M. ..... D.

Place and Date of Death, died at Chelmsford April 11 1903.

Disease or Cause of Death,‡ { Primary, Still-born. Duration, ...

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Amasa Howard M. D.

Date of Certificate, April 12 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

..... *Agent of Board of Health.*

Rec'd May 18 03

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

118

FORM C.

Commonwealth of Massachusetts.

No.....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Patrick Duffy Sex, ... Color, ...

Date of Death May 13 1903; Age, 64 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, ~~Married, Widowed or Divorced~~, ... Occupation, Retired

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, Ireland

*Place of Death, Town Farm Chelmsford Center

Name of Father, not known

Birthplace of Father, " "

Maiden Name of Mother, " "

Birthplace of Mother, " "

Place of Interment, (Give name of cemetery) St Patrick Cemetery

Dated at Lowell Mass. on May 17 1903

Signature and place of business of Undertaker { T. F. O'Donnell & Sons, 32 + Market St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Patrick Duffy Age, 64 Y, ... M, ... D.

Place and Date of Death, died at Chelmsford May 13th 1903

Disease or Cause of Death, ‡ Nephritis

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { Omara Howard M. D. Chelmsford

Date of Certificate May 13th 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Form C.

Bell

119

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 14, 1903.

Full Name of Deceased, Arthur Bell

{If a married or divorced woman or a widow give also} Maiden Name, ...

Name of Husband, ...

Sex, M Color, ... ~~Single~~, ~~Married~~, Widowed or ~~Divorced~~, ...

Age, 63 Years, 6 Months, 4 Days. Occupation, Laborer

* Residence {If out of town, also state fully.} Chelmsford, Mass.

Place of Death, Chelmsford, Mass

Place of Birth, Ireland

Name and Birthplace of Father, Arthur Bell.

Maiden Name and Birthplace of Mother, ...

Place of Burial (Give name of Cemetery) Edson Cemetery. Lowell.

Dated at Chelmsford on May 14, 1903

Signature and place of business of Undertaker. W Peoham Chelmsford.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Arthur Bell Age, 63 Y. 6 M. 4 D.

Place and Date of Death, died at Chelmsford, Mass, May 14 1903.

Disease or Cause of Death,‡ Primary, ... Duration, ...

Immediate, Heart Failure Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Sobona, M. D. Chelmsford, Mass

Date of Certificate, May 14, 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rel

FORM C.

120

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 18 1903.

Full Name of Deceased, Ann Marsh

If a married or divorced woman or a widow give also: Maiden Name, Nichols; Name of Husband, Dwight Marsh

Sex, F Color, W ~~Single, Married~~, Widowed ~~or Divorced,~~ Widowed

Age, 71 Years, 4 Months, 7 Days. Occupation, ...

* Residence (If out of town, also state fully.) Chelmsford.

Place of Death, Chelmsford

Place of Birth, Hardwick Vt.

Name and Birthplace of Father, Asa Nichols Concord Vt.

Maiden Name and Birthplace of Mother, Eliza Hitchcock Westmore Vt.

Place of Burial (Give name of Cemetery), Edson Cemetery Lowell

Dated at Chelmsford on May 18 1903

Signature and place of business of Undertaker. W. Pesham Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Ann Marsh Age, 71 Y. 4 M. 7 D.

Place and Date of Death, died at Chelmsford May 18 1903.

Disease or Cause of Death,‡ Primary, Endocarditis Duration, ...

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D.

Date of Certificate, May 18 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

Rec'd May 18 -03

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Form C.

121

Rec

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, May 21 1903.

Full Name of Deceased, Peter L. Lumbert

If a married or divorced woman or a widow give also: Maiden Name, ... Name of Husband, ...

Sex, Male Color, ~~Single~~, ~~Married~~, Widowed ~~or Divorced~~, ...

Age, 70 Years, 9 Months, 24 Days. Occupation, ...

* Residence (If out of town, also state fully.) .....

Place of Death, No. Chelmsford

Place of Birth, Maine

Name and Birthplace of Father, Ebez Lumbert — Maine

Maiden Name and Birthplace of Mother, Sarah Paine — Maine

Place of Burial (Give name of Cemetery), River Side Cemetery

Dated at No Chelmsford on May 22nd 1903

Signature and place of business of Undertaker. James S. Wotton, No Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Peter Lumbert Age, 70 Y. ..... M. ..... D.

Place and Date of Death, died at North Chelmsford May 21 1903.

Disease or Cause of Death,‡ Primary, Disease of Heart Duration, sudden

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D. North Chelmsford

Date of Certificate, May 22 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

..... *Agent of Board of Health.*

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Form C.

122

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Joseph Albeni Allard Sex Male Color White

Date of Death May 24th 1903; Age, 1 Years, — Months, 4 Days.

Maiden Name, {If married, widowed or divorced} — —

Husband's Name, — —

Single, Married, Widowed or Divorced, — Occupation, ~~[illegible]~~

*Residence {If out of town also state fully} 78 Corey St Lowell Mass

Place of Birth, 78 Corey St Lowell Mass

*Place of Death, " " " No. Chelmsford "

Name of Father, Edward Allard

Birthplace of Father, Canada

Maiden Name of Mother, Eugenie A. Dion

Birthplace of Mother, Canada

Place of Interment, (Give name of cemetery) St Patrick Cemetery

Dated at Lowell Mass on May 24 1903

Signature and place of business of Undertaker Joseph Albert 57 Cheever St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Joseph Allard Age, Y. 1 M. 4 D.

Place and Date of Death, died at Lowell May 24 1903.

Disease or Cause of Death,‡ Primary, Whooping Cough Duration, 3 weeks

Immediate, Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D. N. Chelmsford

Date of Certificate, May 25th 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

F

No.....

RETURN OF THE DEATH

OF

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at .....

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Date

Date, ... 1 .....

Filed

[Filed, ... 1 .....

SECTION 6. Every householder in v
city or town in which the death occurs, shal
or to the town clerk.

SECTION 7. The commanding offic
board of health or to the clerk of the city

SECTION 8. Penalty for neglect to (

SECTION 10. A physician shall fort
request of an undertaker or other authoriz
a certificate setting forth the required facts.

SECTION 11. If the deceased was a
the secondary or immediate cause of death

SECTION 12. Every undertaker or c
tificate required by section 10, enter thereon
of the city or town in which the death occ
twenty-five cents.

[E

SECTION 38. No undertaker or oth
body which has not been buried, until a per
be issued until there shall have been delive
physician's certificate of the cause of death. T
with countersign and transmit it to the clerk

Acts of 1897, Chapter 444.

TRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

r in whose house a death occurs, the oldest person next of kin present at the time of
person in charge of an institution in which a death occurs, shall, within five days after
ereof to the board of health or to the clerk of the city or town in which the death

officer of a vessel shall give notice of the death of any person under his charge to the
ty or town within the Commonwealth at which the vessel first arrives after such death.
t to comply with the requirements of sections 6 and 7, five dollars.

has attended a person during his last illness shall forthwith after the death of said
ration a certificate setting forth the required facts.

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ath as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

g charge of the funereal rites preliminary to the interment of a human body shall
in accordance with section 10, and return it, together with the facts required by sec-
clerk of the city or town in which the death occurred.

Rec

123

FORM C.

Commonwealth of Massachusetts.

No.....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ira D. Cheney Sex, Male Color, white

Date of Death May 24 1903; Age, 64 Years, 1 Months, 8 Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

~~Single,~~ Married, ~~Widowed or Divorced~~, Married Occupation, Retired

*Residence {If out of town also state fully} Chelmsford Mass

Place of Birth, Bradford N. H.

*Place of Death, Chelmsford Mass.

Name of Father, Joseph Cheney

Birthplace of Father, Acworth N. H.

Maiden Name of Mother, Emeline Kenney

Birthplace of Mother, Langdon N. H.

Place of Interment, (Give name of cemetery) Claremont N. H.

Dated at Lowell

on May 25 1903

Signature and place of business of Undertaker { C. M. Young & Co 33 Prescott St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Ira D. Cheney Age, 64 Y, 1 M, 8 D.

Place and Date of Death, died at Chelmsford May 24 1903

Disease or Cause of Death, ‡ Iliac Abscess.

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { Thomas Howard M. D.

Date of Certificate May 26 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

20/ 124

Commonwealth of Massachusetts.

[Acts of 1897, Chap. 444.]

Section 13. The clerk of each city and town shall forthwith make certified copies of the records of all births and deaths recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born were resident in any other city or town in this Commonwealth or any other state at the time of said birth or death; and shall transmit said certified copies to the clerk of the city or town in which such deceased person or parents were resident at the time of said birth or death, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk of every city or town in this Commonwealth so receiving such certified copies, or certified copies of births, deaths or marriages, from the clerk of a city or town without the Commonwealth, shall record the same in the books kept for recording births, deaths or marriages.

Blank to be used in compliance with the foregoing.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Copy of the Record of a

DEATH

recorded in the books of the City of Lowell.
(City or Town.)

during the month of May 1903 ~~1899~~.

1. Date of Death,	May 23 1903
2. Name,	Mary Hogan
(Maiden Name),	Mary M' Teague
(Name of Husband),	John E Hogan
3. Sex and Color,	Female White
4. Single, Married, Widowed or Divorced,	Married
5. Age,	30 Years, Months, Days.
6. Disease or Cause of Death,	Gangrenous Appendicitis
Duration of Sickness,	7 days
By whom certified,	J Arthur Gage M D.
7. Residence,	Gay St No. Chelmsford. Mass.
8. Occupation,	At Home
9. Place of Death,	Lowell General Hospital
10. Place of Birth,	Not known
11. Name of Father,	Michael M' Teague
12. Name of Mother, (Maiden Name.)	Not known
13. Birthplace of Father,	" "
14. Birthplace of Mother,	" "
15. Place of Interment, (Name of Cemetery.)	St Patrick Cemetery Lowell Mass

I certify that the foregoing is a true copy.

Attest: Gerard E. Cadman

May 29 1903 ~~1899~~.

City Clerk.
(City or Town.)

No. .....

COPY OF A RECORD

OF THE DEATH OF

.....

.....

which occurred in the .....
(City or town.)

of .....

..... 1899.

Filed ..... 1899.

Ree

125

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Rose Alexina McMullan Sex, fe Color, W

Date of Death May 29 1903; Age, ~~10~~ Years, 10 Months, Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation,

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, North Chelmsford

*Place of Death, D

Name of Father, Daniel McMullan

Birthplace of Father, Canada

Maiden Name of Mother, Phebe Dubreuil

Birthplace of Mother, Canada

Place of Interment, (Give name of cemetery) St. Joseph

Dated at Lowell

on May 29 1913

Signature and place of business of Undertaker: A Archambault, 738 Merrimack

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Rose A McMullan Age, Y, 10 M, D.

Place and Date of Death, died at North Chelmsford May 29 1903

Disease or Cause of Death, ‡ Broncho-pneumonia

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician: F E Varney M. D. North Chelmsford

Date of Certificate May 30 1903

F E Varney Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

May 31

No.....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

126

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, June 7 1903

Full Name of Deceased, Mungovan

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, Male Color, — Single, Married, Widowed or Divorced, ...

Age, — Years, — Months, Days. Occupation, ...

* Residence {If out of town, also state fully.} No. Chelmsford

Place of Death, No. Chelmsford

Place of Birth, No. Chelmsford

Name and Birthplace of Father, Patrick Mungovan No. Ireland

Maiden Name and Birthplace of Mother, Nellie Carey Ireland

Place of Burial (Give name of Cemetery), St. Patrick's Lowell

Dated at Chelmsford on June 5 1903

Signature and place of business of Undertaker. { Patrick Mungovan

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mungovan Age, ~~Y.~~ ~~M.~~ 5 minutes D.

Place and Date of Death, died at North Chelmsford June 7 1903.

Disease or Cause of Death,‡ { Primary, Infantile Duration, ...

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { F. E. Varney M. D. North Chelmsford

Date of Certificate, June 7 1903

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Re

FORM C.

127

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, June 14th 1903.

Full Name of Deceased, Marie Gauthier

If a married or divorced woman or a widow give also { Maiden Name, Name of Husband,

Sex, Color, Single, Married, Widowed or Divorced,

Age, — Years, — Months, 1 Days. Occupation,

* Residence {If out of town, also state fully.} North Chelmsford Mass

Place of Death, " " "

Place of Birth, " " "

Name and Birthplace of Father, Napoleon Gauthier Canada

Maiden Name and Birthplace of Mother, Emma Lemay Canada

Place of Burial (Give name of Cemetery) St Joseph

Dated at Lowell Mass

on June 14th 1903

Signature and place of business of Undertaker. { Joseph Albert 57 Cheever St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary Gauthier Age, ~~Y. M. D.~~ few hours

Place and Date of Death, died at No Chelmsford June 13 1903.

Disease or Cause of Death,‡ { Primary, Immediate, Inanition Duration, few hours Duration,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { G A Harlow M. D. Tyngsboro

Date of Certificate, June 14 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Agent of Board of Health.

Rec'd June 15 '03

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec'd FORM C. 128

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, June 22 1903.

Full Name of Deceased, Mary Ann Cross

{If a married or divorced woman or a widow give also} Maiden Name, Higgins

Name of Husband, John T. Cross

Sex, F. Color, W. Single, ~~Married~~, Widowed or Divorced, Widowed

Age, 81 Years, 11 Months, 15 Days. Occupation, ...

* Residence {If out of town, also state fully.} Chelmsford

Place of Death, Chelmsford

Place of Birth, Brunswick Maine

Name and Birthplace of Father, Ruben H Higgins, Brunswick Me.

Maiden Name and Birthplace of Mother, Rachel Cary, Bath Me.

Place of Burial (Give name of Cemetery), Barnard Maine

Dated at Chelmsford on June 22 1903

Signature and place of business of Undertaker. Walter Perkins, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mrs. Mary A. Cross Age, 81 Y. 11 M. 15 D.

Place and Date of Death, died at Chelmsford, Mass., June 22, 1903

Disease or Cause of Death,‡ Primary, Apoplexy Duration, 15 mths.

Immediate, Marasmus, Duration, 3 "

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Scobria, Chelmsford, Mass. M. D.

Date of Certificate, June 22, 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

Rec'd June 22

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 190.....

Filed, ... 190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec

129

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Michael Reardon Sex, M Color, W

Date of Death June 27 1903; Age, 75 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence {If out of town also state fully} East Chelmsford

Place of Birth, Ireland

*Place of Death, East Chelmsford

Name of Father, Daniel Reardon

Birthplace of Father, Ireland

Maiden Name of Mother, Johanna Coughlin

Birthplace of Mother, Ireland

Place of Interment, (give name of cemetery) St. Patrick's

Dated at Lowell

on June 27 1903

Signature and place of business of Undertaker John J. O'Connell & Co 508 Lawrence St. Lowell

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† ~~95~~ Age, 75 Y, ... M, ... D.

Place and Date of Death, died at East Chelmsford June 27th, 1903.

Disease or Cause of Death, ‡ Senility

Duration of Sickness. One year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. G. J. O'Donnell M. D. 505 Billerica, Mass.

Date of Certificate June 27 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

9

Rec'd June 28

No. .....

RETURN OF THE DEATH

OF

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at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

130

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, July 3rd 1903.

Full Name of Deceased, — Hemlow

{If a married or divorced woman or a widow give also} Maiden Name, ...

Name of Husband, ...

Sex, Male Color, ... Single, Married, Widowed or Divorced, ...

Age, [illegible] Years, ... Months, ... Days. Occupation, ...

* Residence {If out of town, also state fully.} .....

Place of Death, No Chelmsford

Place of Birth, " " "

Name and Birthplace of Father, East Hemlow, Nova Scotia

Maiden Name and Birthplace of Mother, Mary Jane McDonald

Place of Burial (Give name of Cemetery), — River Side Cemetery

Dated at No Chelmsford

on July 4th 1903

Signature and place of business of Undertaker. J. S. Wotton, No Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† — Hemlow Age, — Y. — M. — D.

Place and Date of Death, died at North Chelmsford July 4 1903.

Disease or Cause of Death,‡ Primary, stillborn Duration, —

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D. North Chelmsford

Date of Certificate, July 4th 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Recd July 5th

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec'd

FORM C.

131.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, July 9th 1903.

Full Name of Deceased, Wm F. Shinkwin

If a married or divorced woman or a widow give also { Maiden Name, ... Name of Husband, ...

Sex, ... Color, ... Single, Married, Widowed or Divorced, ...

Age, ... Years, 5 Months, 7 Days. Occupation, ...

* Residence {If out of town, also state fully.} E. Chelmsford

Place of Death, East Chelmsford

Place of Birth, " "

Name and Birthplace of Father, Daniel Shinkwin

Maiden Name and Birthplace of Mother, Maggie Shinkwin

Place of Burial (Give name of Cemetery), St. Patricks Cem. Lowell.

Dated at Chelmsford

on July 10 1903

Signature and place of business of Undertaker. { John J. Rogers. Central St. Lowell.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Wm F. Shinkwin Age, Y. 5 M. 7 D.

Place and Date of Death, died at Chelmsford July 9 1903.

Disease or Cause of Death,‡ { Primary, Cholera Infantum Duration, 4 days.

Immediate, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Amos Howard M. D.

Date of Certificate, July 10 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

Rec'd July 10

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec

132

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, William J. Stevens Sex, M Color, W.

Date of Death July 10 1903; Age, 63 Years, 5 Months, 16 Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed, or Divorced, Single Occupation, Farmer

*Residence {If out of town also state fully} Chelmsford, Mass.

Place of Birth, Tewksbury "

*Place of Death, Chelmsford, Mass.

Name of Father, Jabez Stevens

Birthplace of Father, Shaftsbury, Vt.

Maiden Name of Mother, Survials Parkhurst.

Birthplace of Mother, Chelmsford, Mass

Place of Interment, (Give name of cemetery) Forefathers Cemetery

Dated at Chelmsford, Mass on July 12 1903

Signature and place of business of Undertaker { Walter [illegible] Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Wm J. Stevens Age, 63 Y, 5 M, 16 D.

Place and Date of Death, died at Chelmsford July 10 1903

Disease or Cause of Death, ‡ Shock following Pleuritic Effusion.

Duration of Sickness. 2 months –

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { Amara Howard M. D.

Date of certificate July 12 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the war of the Rebellion, give both Primary and Secondary Cause.

Rec'd June 13

No......

RETURN OF THE DEATH

OF

at .....

Date, ... 1.....

Filed, ... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body sh obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

C-C 4042

Rec'd

133

FORM C.

Commonwealth of Massachusetts.

No.....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Still Born Child Sex, ... Color, ...

Date of Death July 16 1903; Age, — Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced} Harrington

Husband's Name, ...

Single, Married, Widowed, or Divorced, ... Occupation, ...

*Residence {If out of town also state fully} East Chelmsford Mass

Place of Birth, East Chelmsford "

*Place of Death, East Chelmsford "

Name of Father, Timothy Harrington

Birthplace of Father, Ireland

Maiden Name of Mother, Catherine Mullin

Birthplace of Mother, Ireland

Place of Interment, (Give name of cemetery) St Peters Lowell Mass

Dated at Lowell

on July 16 1903

Signature and place of business of Undertaker { J H McDermott 70 Gorham St

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Harrington Age, ... Y, ... M, ... D.

Place and Date of Death, died at East Chelmsford July 16 1903

Disease or Cause of Death, ‡ Still Born

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { J. J. McCarty M. D.

Date of certificate July 16 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the war of the Rebellion, give both Primary and Secondary Cause.

Rec'd July 16

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body sh obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by tion 1, to the board of health or to the clerk of the city or town in which the death occurred.

c-c

Rec

134

FORM C.

Commonwealth of Massachusetts.

No.....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, John Devine Sex, ... Color, ...

Date of Death Aug 5 1903; Age, 58 Years, 2 Months, ... Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, Farmer

*Residence {If out of town also state fully} 110 Carlisle St. E Chelmsford

Place of Birth, Ireland

*Place of Death, 110 Carlisle St. E Chelmsford

Name of Father, Michael

Birthplace of Father, Ireland

Maiden Name of Mother, Bridget

Birthplace of Mother, Ireland

Place of Interment, (Give name of cemetery) St. Patrick's Cemetery

Dated at Lowell

on Aug. 5 1903

Signature and place of business of Undertaker { Peter F. Savage 169 Worthen St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† John Devine Age, 58 Y, 2 M, ... D.

Place and Date of Death, died at E. Chelmsford Aug. 5 1903

Disease or Cause of Death, ‡ Cancer of intestines.

Duration of Sickness. .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { Omar Howard M.D.

Date of Certificate Aug. 7 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'

135

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Joseph Snay Sex Male Color, White

Date of Death Aug. 11th 1903; Age, 62 Years, 10 Months, Days.

Maiden Name, {If married, widowed or divorced} —

Husband's Name, —

Single, Married, Widowed, or Divorced, Occupation, —

*Residence {If out of town also state fully} Chelmsford Mass

Place of Birth, Canada

*Place of Death, Chelmsford Mass

Name of Father, Unknown

Birthplace of Father,

Maiden Name of Mother,

Birthplace of Mother,

Place of Interment, (Give name of cemetery) St Joseph Cemetery

Dated at Lowell Mass Signature and place of business of Undertaker Joseph Albert #57 Cheever St.

on Aug 11 1903

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Joseph Snay Age, 62 Y, 10 M, D.

Place and Date of Death, died at Chelmsford, Mass., Aug 11, 1903.

Disease or Cause of Death, ‡ Cirrhosis of Liver.

Seven Years.

Duration of Sickness.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician Arthur G. Scoboria, M. D.

Chelmsford, Mass.

Date of certificate Aug, 12, 1903.

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the war of the Rebellion, give both Primary and Secondary Cause.

Rec'd Aug 13

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body sh obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the [illegible] ath occurred.

Rec'd

136

FORM C.

Commonwealth of Massachusetts.

No.....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Helen Elizabeth Ward Sex, ... Color, ...

Date of Death Aug 11 1903; Age, ... Years, 4 Months, ... Days.

Maiden Name, {If married, widowed or divorced} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, ...

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, " "

*Place of Death, " "

Name of Father, Patrick S.

Birthplace of Father, North Chelmsford

Maiden Name of Mother, Rose A. Blanchard

Birthplace of Mother, Lowell Mass

Place of Interment, (Give name of cemetery) St Patricks Cemetery Lowell Mass.

Dated at Lowell Signature and place of business of Undertaker { Geo H. Savage 169 Worthen St.

on Aug 11 1903

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Helen E Ward Age, ... Y, 4 M, ... D.

Place and Date of Death, died at North Chelmsford Aug 11 1903

Disease or Cause of Death, ‡ Meningitis

Duration of Sickness. one week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { F. E. Varney M. D. North Chelmsford

Date of Certificate Aug 12 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd Aug 13

No.....

RETURN OF THE DEATH

OF

.....

at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'd

Form C.

137

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Phena Maria Sloan Sex, Female Color, White

Date of Death, August 12, 1903; Age, 65 Years, ... Months, 14 Days.

Maiden Name, {If married, widowed or divorced.} Phena Maria Pinney - Widowed

Husband's Name, Samuel Sloan

Single, Married, Widowed or Divorced, Widowed Occupation, Lived at home

*Residence, {If out of town, also state fully.} South Chelmsford, Mass.

Place of Birth, " " "

*Place of Death, " " "

Name and Birthplace of Father, Alden Pinney, Vermont

Maiden Name and Birthplace of Mother, Martha Robbins - So. Chelmsford.

Place of Interment, (Give name of Cemetery), Stark Pond Cemetery

Dated at So. Chelmsford, on August 12, 1903

Signature and place of business of Undertaker. Daniel P. Bryan, South Chelmsford, Mass. B.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Phena Maria Sloan Age, 65 Y. M. 14 D.

Place and Date of Death, died at So. Chelmsford, Mass., Aug. 12 1903.

Disease or Cause of Death,‡ Primary, Chronic Meningitis - Tubercular (?) Duration, 1 1/2 yrs.

Secondary, ... Duration, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Scobria M. D.
So. Chelmsford, Mass.

Date of Certificate, Aug. 13, 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

Rec'd Aug. 13

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190____.

Filed, ...190____.

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

FORM C.

Rel

138

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Alice L. Shields Sex, Color,

Date of Death Aug 18 1903; Age, 22 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

Single, ~~Married, Widowed, or Divorced~~, Occupation, At Home

*Residence {If out of town also state fully} North Chelmsford

Place of Birth, North Chelmsford

*Place of Death, North Chelmsford

Name of Father, John Shields

Birthplace of Father, Ireland

Maiden Name of Mother, Alice Carrol

Birthplace of Mother, Ireland

Place of Interment, (Give name of cemetery) St Patrick

Dated at Lowell Mass Signature and place of business of Undertaker J. H. McDermott

on Aug 18 1903 70 Gorham St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Alice L Shields Age, 22 Y, M, D.

Place and Date of Death, died at North Chelmsford Aug 18 1903

Disease or Cause of Death, ‡ Pulmonary Tuberculosis

Duration of Sickness. one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician F. E. Varney M. D.
N. Chelmsford

Date of certificate Aug 18 1903

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the war of the Rebellion, give both Primary and Secondary Cause.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body sh obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

C-C 4042

Free

139

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Maggie Sutherland Sex, fem Color, White

Date of Death Aug 18th 1903; Age, 57 Years, 9 Months, 18 Days.

Maiden Name, {If married, widowed or divorced} Maggie Fraser

Husband's Name, Hector Sutherland

~~Single~~, Married, ~~Widowed or Divorced~~, Married Occupation, At home

*Residence {If out of town also state fully} East Chelmsford Graham St.

Place of Birth, Novascotia

*Place of Death, East Chelmsford Graham St.

Name of Father, John Fraser

Birthplace of Father, Novascotia

Maiden Name of Mother, Flora McKenzie

Birthplace of Mother, Nova Scotia

Place of Interment, (Give name of cemetery) Edson Cemetery

Dated at Lowell on 18th aug 1903

Signature and place of business of Undertaker { G M Young & Co 93 Pelham St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Maggie Sutherland Age, 57 Y, 9 M, 18 D.

Place and Date of Death, died at East Chelmsford 1903 Aug 18

Disease or Cause of Death, ‡ Carcinoma of Stomach Chronic Nephritis with Ascites.

Duration of Sickness. Apr 28 - 1903.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { Wm L. Fraser M. D. 10 Glen Park, West Lynn Mass.

Date of Certificate Aug 18 - 1903

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state If child died immediately after birth, so state.
‡If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Recd Aug, 19 -

No.....

RETURN OF THE DEATH

OF

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at.....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occured.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section [illegible] tion 1, to the board of health or to the clerk of the city or town in [illegible]

FORM C.

Bell

140

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Death, Aug. 27 1903.

Full Name of Deceased, Wealthy Emma Jane Hutchins

If a married or divorced woman or a widow give also { Maiden Name, Rugg
Name of Husband, Matthias Hutchins

Sex, F Color, W. ~~Single, Married~~, Widowed or ~~Divorced~~, Widow

Age, 84 Years, ... Months, ... Days. Occupation, ...

* Residence {If out of town, also state fully.} Chelmsford

Place of Death, "

Place of Birth, Canada

Name and Birthplace of Father, David Rugg Springfield Mass.

Maiden Name and Birthplace of Mother, ...

Place of Burial (Give name of Cemetery), Greens Cemetery Carlisle

Dated at Chelmsford on Aug 28 1903

Signature and place of business of Undertaker. { Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased, † Wealthy Emma Jane Hutchins Age, 84 Y. ..... M. ..... D.

Place and Date of Death, died at Chelmsford, Mass. Aug. 27, 1903.

Disease or Cause of Death, ‡ { Primary, Enteritis Duration, ...
Immediate, ∅ Duration, 2 weeks.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Arthur G. Scobria, M. D.
Chelmsford, Mass.

Date of Certificate, Aug. 28, 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Immediate Cause.

Countersign and transmit to the clerk of the city or town.

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Agent of Board of Health.

Recd Aug 29

No. .....

RETURN OF THE DEATH

OF

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at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 29, Revised Laws.]

Section 6. Every householder in whose house a death occurs and the oldest next of kin of a deceased person in the city or town in which the death occurs, shall, within five days thereafter, cause notice thereof to be given to the board of health or to the town clerk.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician shall forthwith after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a certificate setting forth the required facts.

Section 11. If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Every undertaker or other person who has charge of a funeral, shall forthwith obtain the physician's certificate required by section 10, enter thereon the facts required by section 1, and return it to the board of health or to the clerk of the city or town in which the death occurred. The person making such return shall receive from the city or town a fee of twenty-five cents.

[Extracts from Chapter 78, Revised Laws.]

Section 38. No undertaker or other person shall bury a human body in a city, or town or remove therefrom a human body which has not been buried, until a permit from the board of health or its agent has been received. *No such permit shall be issued until there shall have been delivered to such board a written statement, containing the facts required by law, with a physician's certificate of the cause of death.* The Board of Health or agent, upon receipt of such statement and certificate, shall forthwith countersign and transmit it to the clerk of the city or town for registration. Penalty for violation not exceeding fifty dollars.

Rec

141

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Jeremiah McCabe Sex, Color,

Date of Death Aug 29 1903; Age, 65 Years, Months, Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, Occupation, Laborer

*Residence {If out of town also state fully} North Chelmsford Mass.

Place of Birth, Ireland

*Place of Death, North Chelmsford Mass.

Name of Father, Jeremiah McCabe

Birthplace of Father, Ireland

Maiden Name of Mother, Not Known

Birthplace of Mother, Ireland

Place of Interment, (Give name of cemetery) St Patricks

Dated at Lowell Mass

on Aug. 29 1903.

Signature and place of business of Undertaker { J. J. O'Donnell & Sons. 324 Market St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Jeremiah McCabe Age, 65 Y, M, D.

Place and Date of Death, died at North Chelmsford Aug 29 1903

Disease or Cause of Death, ‡ Bright's Disease

Duration of Sickness. one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { F. E. Varney M. D. North Chelmsford

Date of certificate Aug 30 1903

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the war of the Rebellion, give both Primary and Secondary Cause.

Rec'd

No......

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body sh obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

C-C 4042

Rel

142

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Eliza Brown Sex, Fe Color, W

Date of Death Aug 31 1903 Age, 70 Years, 3 Months, 15 Days.

Maiden Name, {If married, widowed or divorced} Eliza Baker

Husband's Name, Wesley Brown

Single, Married, Widowed, or Divorced, Married Occupation, —

*Residence {If out of town also state fully} No Chelmsford

Place of Birth, Whitebarra N.Y.

*Place of Death, North Chelmsford Mass

Name of Father, William Baker

Birthplace of Father, England

Maiden Name of Mother, Sarah Baker

Birthplace of Mother, England

Place of Interment, (Give name of cemetery) Fulton N.Y.

Dated at Lowell Mass Signature and place of business of Undertaker John A Weinbed

on Aug 31 1 Co Middlesex

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Eliza Brown Age, ... Y, ... M, ... D.

Place and Date of Death, died at North Chelmsford Aug 31 1903

Disease or Cause of Death, ‡ Enter. colitis

Duration of Sickness. ten days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { F E Varney M. D. North Chelmsford

Date of certificate Aug 31 1903

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the war of the Rebellion, give both Primary and Secondary Cause.

Rec'd Aug. 31

No......

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1.....

Filed, ... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body sh obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec'd

143

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Alfred A. Clarke Sex, M Color, W

Date of Death Sept. 14, 1903; Age, 11 Years, 2 Months, Days.

Maiden Name, {If married, widowed or divorced}

Husband's Name,

Single, Married, Widowed, or Divorced, Occupation,

*Residence {If out of town also state fully}

Place of Birth, Amesbury, Mass.

*Place of Death, Chelmsford, "

Name of Father, Lewis E. Clarke

Birthplace of Father, Danvers

Maiden Name of Mother, Rose A. Finnegan.

Birthplace of Mother, Portland, Me.

Place of Interment, (Give name of cemetery) Pine Ridge Cem. Chelmsford, Mass

Dated at Chelmsford, Mass

on Sept. 15, 1903

Signature and place of business of Undertaker { Walter Perham, Chelmsford

PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Alfred A. Clarke Age, 11 yrs. & 2 ds.

Date and Place of Death,† died at Chelmsford, Mass., Sept. 14, 1903 ~~189~~,

Disease or Cause of Death, (Primary and Secondary.)‡ of Drowning

Duration of Sickness,

I certify that the above is true, to the best of my knowledge and belief.

Signature and Residence of Certifying Physician, Arthur G. Scobria, Chelmsford, Mass.

Date of Certificate, Sept. 14, 1903 ~~189~~

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896.—5,000.

Rec'd Sept 15

No. .....

RETURN OF THE DEATH

OF

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at .....

Date, ... 1 .....

Filed, ... 1 .....

uration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

ness shall, when requested, forthwith furnish for regis-

Acts of 1897, Chapter 444.

EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

in whose house a death occurs, the oldest person next of kin present at the time of
e person in charge of an institution in which a death occurs, shall, within five days after
thereof to the board of health or to the clerk of the city or town in which the death

officer of a vessel shall give notice of the death of any person under his charge to the
city or town within the Commonwealth at which the vessel first arrives after such death.
to comply with the requirements of sections 6 and 7, five dollars.
has attended a person during his last illness shall forthwith after the death of said
ation a certificate setting forth the required facts.
used was a soldier who served in the war of the rebellion, give both the primary and
ath as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.
ng charge of the funereal rites preliminary to the interment of a human body sh
in accordance with section 10, and return it, together with the facts required by sec-
clerk of the city or town in which the death occurred.

Rec

144

FORM C.

Commonwealth of Massachusetts.

No.

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Yvonne Verville Sex, Female Color, White

Date of Death Sept 15th 1908; Age, Years, 6 Months, — Days.

Maiden Name, {If married, widowed or divorced} —

Husband's Name, —

Single, Married, Widowed, or Divorced, — Occupation, —

*Residence {If out of town also state full} North Chelmsford, Mass

Place of Birth, North Chelmsford Mass

*Place of Death, North Chelmsford Mass

Name of Father, Joseph Verville

Birthplace of Father, Canada

Maiden Name of Mother, Delvina Guay

Birthplace of Mother, Canada

Place of Interment, (Give name of cemetery) St Joseph Cemetery

Dated at Lowell Mass

on Sept 15 1903

Signature and place of business of Undertaker Joseph T Albert #57 Chuver

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Yvonne Verville Age, Y, 6 M, — D.

Place and Date of Death, died at N. Chelmsford Sept 15th 1903

Disease or Cause of Death, ‡ Marasmus

Duration of Sickness. six month

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician F E Varney M. D. N. Chelmsford

Date of certificate Sept. 16 1903

Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the war of the Rebellion, give both Primary and Secondary Cause.

Sept 17

No......

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1.....

Filed, ... 1.....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body sh obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

c-c 4042

Chelmsford
Littleton St.

Rec

145

FORM C.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Delima Lafortune Sex, F Color, White

Date of Death Sept 18 1903; Age, 54 Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced} Delima Jolicoeur

Husband's Name, Edmond Lafortune

Single, Married, Widowed, or Divorced, Married Occupation, House wife

*Residence {If out of town also state full} Warren Ave, Chelmsford Center, Mass

Place of Birth, Canada

*Place of Death, Warren Ave Chelmsford Center Mass

Name of Father, Jolicoeur

Birthplace of Father, Unknown

Maiden Name of Mother, ...

Birthplace of Mother, ...

Place of Interment (Give name of cemetery) Montreal Cemetery, Canada

Dated at Lowell Mass

on Sept 18 1903

Signature and place of business of Undertaker { Joseph Albert #57 Cheever St.

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Delima Lafortune Age, 54 Y, ... M, ... D.

Place and Date of Death, died at Chelmsford, Mass, Sept. 18, 1903.

Disease or Cause of Death, ‡ Acute Gastritis -

Duration of Sickness. 3 days -

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { Arthur G. Scobria, M. D. Chelmsford, Mass.

Date of certificate Sept. 18, 1903.

..... Agent Board of Health.

*Give also street and number, if any.
†Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡If a Soldier or Sailor in the war of the Rebellion, give both Primary and Secondary Cause.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ... 1 .....

Filed, ... 1 .....

Acts of 1897, Chapter 444.

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which the vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body sh obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Re (Form) G. 146

No.

Commonwealth of Massachusetts.

[Extract from Acts of 1897, Chap. 444.]

Section 13. The clerk of each city and town shall forthwith make certified copies of the records of all * * * deaths recorded in the books of said city or town during the previous month, whenever the deceased person * * * was a resident in any other city or town in this Commonwealth or any other state at the time of said * * * death; and shall transmit said certified copies to the clerk of the city or town in which such deceased person * * * was a resident at the time of said * * * death, stating in addition the name of the street and number of the house, if any, where such deceased person * * * resided, whenever the same can be ascertained; and the clerk of every city or town in this Commonwealth so receiving such certified copies, or certified copies of * * * deaths * * * from the clerk of a city or town without the Commonwealth, shall record the same in the books kept for recording * * * deaths * * *

Blank to be used in compliance with the foregoing.

(FILL OUT WITH INK, ALL NAMES TO BE IN FULL.)

Copy of the Record of a

DEATH

recorded in the books of the City of Springfield
(City or Town.)
during the month of June 1903.

1. Date of Death,	June 30. 1903
2. Name,	James Albert Stackpole.
(Maiden Name),	— —
(Name of Husband),	— —
3. Sex and Color,	M. W.
4. Single, Married, Widowed or Divorced,	W.
5. Age,	56 Years, — Months, — Days.
6. Disease or Cause of Death,	Pneumonia.
Duration of Sickness,	9 days
By whom certified,	Geo. C. McClean M.D.
7. Residence,	Chelmsford Mass.
8. Occupation,	Fancy Gardener
9. Place of Death,	Crosfield St. Springfield
10. Place of Birth,	Dover N. H.
11. Name of Father,	James Stackpole
12. Name of Mother, (Maiden Name.)	Martha Trombly
13. Birthplace of Father,	Unknown.
14. Birthplace of Mother,	Unknown
15. Place of Interment, (Name of Cemetery.)	Edson Cemetery Lowell.

I certify that the foregoing is a true copy.

Attest: Annie J. H. Hawkes

Asst. City Clerk.
(City or Town.)

_____ 190 .

No. .....

COPY OF A RECORD

OF THE DEATH OF

.....

.....

which occurred in the ....
(City or town.)

of .....

..... 190 .

Filed ..... 190 .

Re

147

FORM O.

Commonwealth of Massachusetts.

No. .....

RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Axel Theron Johnson Sex, M Color, W

Date of Death, Sept 15th 1903; Age, — Years, 3 Months, 4 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, ...

Single, Married, Widowed or Divorced, Single Occupation, ...

*Residence, {If out of town, also state fully.} .....

Place of Birth, West Chelmsford Mass

*Place of Death, West Chelmsford "

Name and Birthplace of Father, Gustave Johnson Sweden

Maiden Name and Birthplace of Mother, Nancy Wilen Sweden

Place of Interment, (Give name of Cemetery), West Chelmsford West Cem

Dated at West Chelmsford on Sept 16th 1903

Signature and place of business of Undertaker. A G Parkhurst, West Chelmsford Mass

PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Axel T Johnson Age, Y. 3 M. 4 D.

Place and Date of Death, died at West Chelmsford Sept 15 1903.

Disease or Cause of Death,‡ Primary, Sunstroke Duration, 18 hours

Secondary, Acute Meningitis Duration, 18 hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. G A Harlow M. D. Tyngsboro

Date of Certificate, Sept 16th 1903.

* Give also street and number, if any. † Give sex of infant not named. If still-born, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Countersign and transmit to the clerk of the city or town.

.....

Agent of Board of Health.

No. .....

RETURN OF THE DEATH

OF

.....

at .....

Date, ...190.....

Filed, ...190.....

[Extracts from Chapter 444, Acts of 1897.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

[Extracts from Chapter 437, Acts of 1897.]

Section 1. No human body shall be buried in a city or town or removed therefrom, until a permit therefor shall have been received from the proper authorities. No such permit shall be issued until a written statement, as required by law, has been furnished, with a physician's certificate of the cause of death. When such statement and certificate are delivered to the Board of Health, the board or agent shall forthwith countersign and transmit the same to the clerk of the city or town for registration.

Section 5. Penalty for violation not exceeding fifty dollars.

Rec

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Frank J Donovan Registered No. 53

Place of Death* North Chelmsford

Date of Death Sept 18th 1903 Age 4 3 years months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX Male COLOR White ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME † ~~Frank J Donovan~~

BIRTHPLACE ‡ Lowell Mass

NAME OF FATHER Timothy Donovan

BIRTHPLACE OF FATHER ‡ Ireland

MAIDEN NAME OF MOTHER Sarah Coyne

BIRTHPLACE OF MOTHER ‡ Ireland

OCCUPATION Clerk

INFORMANT § F. O. Donnell & Sons.

PLACE OF BURIAL OR REMOVAL ‖ St Patrick Cemetery Lowell Mass.

DATE OF BURIAL Sept 20 1903

UNDERTAKER F. O. Donnell & Sons

ADDRESS Lowell Mass

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 16 1903 to Sept 18 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Acute Nephritis

(DURATION) 2 days

Contributory: Fatty degeneration of heart (DURATION) days

(Signed) G. A. Harlow M.D.

Sept 18 1903 (Address) Tyngsboro,

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death? ?

Filed Sept 19 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Rec'd Sept 19

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Leon Samuel Holt Registered No. 54

Place of Death* Chelmsford, Mass

Date of Death Oct. 6. 1903 Age 15 years 11 months 16 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX M. COLOR W. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ S

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford, Mass.

NAME OF FATHER Almon W. Holt

BIRTHPLACE OF FATHER ‡ Bangor N. Y.

MAIDEN NAME OF MOTHER Susie Perham

BIRTHPLACE OF MOTHER ‡ Chelmsford, Mass.

OCCUPATION Student.

INFORMANT § A. W. Holt, father. Chelmsford.

PLACE OF BURIAL OR REMOVAL ‖ Forefathers Cem. Chelmsford, Mass.

DATE OF BURIAL Oct. 9, 1903

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, ~~from~~ ~~190 to~~ Oct. 6 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Accidental asphyxiation.

(DURATION) — DAYS

Contributory:

(DURATION) DAYS

(Signed) Thomas Howard M.D.

Oct. 7th 1903 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death?

Filed Oct. 9 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Rec

Rec

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Stillborn Registered No. 55

Place of Death* Chelmsford, Mass.

Date of Death Oct. 9, 1903 Age — years — months — days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX F COLOR W SINGLE, MARRIED, WIDOWED, OR DIVORCED

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford, Mass.

NAME OF FATHER Edgar H. Parkhurst

BIRTHPLACE OF FATHER ‡ Chelmsford, Mass.

MAIDEN NAME OF MOTHER Edith M. Bosca

BIRTHPLACE OF MOTHER ‡ Lowell

OCCUPATION

INFORMANT § Walter Perham

PLACE OF BURIAL OR REMOVAL ‖ Forefathers Cemy

DATE OF BURIAL Oct. 9 1903

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, ~~from~~ ~~190 to~~ Oct. 9 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Still born –

(DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) Almira Howard M.D.

Oct. 10th 1903 (Address) Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence How long at Place of Death? Days

Where was disease contracted, if not at place of death?

Filed Oct 12 1903 Geo. H. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Rec

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Henry R. Hodson Registered No. 56

Place of Death * Chelmsford Mass

Date of Death Oct 17. 1903. Age 56 years 6 months 12 days

STATISTICAL DETAILS

SEX: Male

COLOR: White

~~SINGLE~~, MARRIED, WIDOWED, OR DIVORCED: Married

MAIDEN NAME †:

HUSBAND'S NAME †:

BIRTHPLACE ‡: Boston, Mass.

NAME OF FATHER: Richard Hodson

BIRTHPLACE OF FATHER ‡: Boston, Mass.

MAIDEN NAME OF MOTHER: Mary Lenfist

BIRTHPLACE OF MOTHER ‡: Boston, Mass.

OCCUPATION: Farmer

INFORMANT §: Widow

PLACE OF BURIAL OR REMOVAL ‖: W. Chelmsford

DATE OF BURIAL: Oct 21. 1903.

UNDERTAKER: C.M. Young Bros

ADDRESS: 33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 17 1903 to ——— 190..., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Fracture of skull and laceration of brain with hemorrhage (DURATION) 1 DAYS

Contributory: ..... (DURATION) ..... DAYS

(Signed) J. Arthur Gage M.D.

Oct 19 1903 (Address) 6 Central St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Oct 20 1903 Geo. A. Fairhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Rec

152

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME — Duncan Registered No. 57

Place of Death * North Chelmsford mass

Date of Death Oct 29 - 1903 Age — years — months — days

still born

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Female

COLOR: White

~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †: ~~Daisy E Ripley~~

HUSBAND'S NAME †: ~~Augustus E Duncan~~

BIRTHPLACE ‡: North Chelmsford

NAME OF FATHER: Augustus E Duncan

BIRTHPLACE OF FATHER ‡: North Chelmsford

MAIDEN NAME OF MOTHER: Daisy E Ripley

BIRTHPLACE OF MOTHER ‡: North Chelmsford

OCCUPATION: ~~Prison~~ Officer

INFORMANT §:

PLACE OF BURIAL OR REMOVAL ‖: No Chelmsford

DATE OF BURIAL: Oct 29 1903

UNDERTAKER: J S Hotton

ADDRESS:

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct. 29 1903 to ..... 190....., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: still birth

Immature -

(DURATION) — DAYS

Contributory:

(DURATION) ..... DAYS

(Signed) F E Varney M.D.

Oct. 29 1903 (Address) N. Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed

..... 190.....

Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Leuther H Sargent Registered No. 58

Place of Death* North Chelmsford Mass

Date of Death Nov 7 1903 Age 61 years — months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
M.	W.	M

MAIDEN NAME † —

HUSBAND'S NAME † —

BIRTHPLACE ‡ Canterbury N.H.

NAME OF FATHER Joshua Sargent

BIRTHPLACE OF FATHER ‡ Loudon N H

MAIDEN NAME OF MOTHER Belinda Haines

BIRTHPLACE OF MOTHER ‡ Loudon N.H.

OCCUPATION Book Keeper

INFORMANT § wife

PLACE OF BURIAL OR REMOVAL ‖ North Chelmsford

DATE OF BURIAL Nov 10 1903

UNDERTAKER J B Hunter

ADDRESS Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from 1894 190 to Nov 7 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Brights' Disease

3 or 4 years (DURATION) DAYS

Contributory: Hemiplegia

Eight years (DURATION) DAYS

(Signed) F. E. Varney M.D.

Nov 7th 1903 (Address) N. Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? ..... —

Filed Nov. 9 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

1574

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Florence Gremblay Registered No. 57

Place of Death* Chelmsford Center Mass

Date of Death Nov. 13th 1903 Age years 9 months 17 days

STATISTICAL DETAILS

SEX F. COLOR White SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Chelmsford Mass.

NAME OF FATHER Jules Gremblay

BIRTHPLACE OF FATHER ‡ Canada

MAIDEN NAME OF MOTHER Anna Fortin

BIRTHPLACE OF MOTHER ‡ Canada

OCCUPATION —

INFORMANT § Jules Gremblay

PLACE OF BURIAL OR REMOVAL ‖ St Joseph Cemetery

DATE OF BURIAL Nov. 14 1903

UNDERTAKER Joseph Albert

ADDRESS 57 Cheever

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 10th 1903 to only 1 visit 190..., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Gastro Enteritis

(DURATION) 30 DAYS

Contributory: Milk

(DURATION) DAYS

(Signed) J. H. Roy M.D.

Nov 13 1903 (Address) 832 Merrimack St

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 13 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Rec'd

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Elena A Salmon Registered No. 60

Place of Death * Nov 15th 1903

Date of Death No Chelmsford Age 34 years 8 months 12 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	White	Married

MAIDEN NAME † Elena A Salmon Wright

HUSBAND'S NAME † Frederick E Salmon

BIRTHPLACE ‡ No Chelmsford Mass

NAME OF FATHER Samuel T. Wright

BIRTHPLACE OF FATHER ‡ Westford

MAIDEN NAME OF MOTHER Hannah A Lemmings

BIRTHPLACE OF MOTHER ‡ Dunstable

OCCUPATION At Home

INFORMANT § Frederick E Salmon

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Tyngsboro	Nov 18 1903

UNDERTAKER	ADDRESS
J A Wentworth	Lowell 80 Middlesex

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov 7 1903 to Nov 15 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pneumonia

Acute (DURATION) 8 DAYS

Contributory: (DURATION) DAYS

(Signed) F. E. Varney M.D.

Nov 16 1903 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 17 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Rec'd Nov. 17

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME John J. Ryan Registered No. 21

Place of Death* North Chelmsford

Date of Death Nov 22d, 1903 Age 64 years — months — days

STATISTICAL DETAILS

SEX: mal COLOR: White SINGLE, ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Ireland

NAME OF FATHER: John Ryan

BIRTHPLACE OF FATHER ‡: Ireland

MAIDEN NAME OF MOTHER: not known

BIRTHPLACE OF MOTHER ‡: Ireland

OCCUPATION: Blacksmith

INFORMANT §: Joseph Ryan son, North Chelmsford

PLACE OF BURIAL OR REMOVAL ‖: St Patrics cemetery

DATE OF BURIAL: Nov 24 1903

UNDERTAKER: J. O'Donnell Wm

ADDRESS: 324 Merrimack

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 22 1903 to ——— 190..., that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Pulmonary Hemorrhage

death sudden (DURATION) ... DAYS

Contributory: Pulmonary Tuberculosis

one year (DURATION) ... DAYS

(Signed) F E Varney M.D.

Nov 23 1903 (Address) N. Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ... How long at Place of Death? ... Days

Where was disease contracted, if not at place of death? ...

Filed Nov. 24 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME David Clinton Perham Registered No. 62

Place of Death * Chelmsford Centre

Date of Death November 23, 1903 Age 73 years 0 months 7 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX M. COLOR W. ~~SINGLE, MARRIED,~~ WIDOWED, OR ~~DIVORCED~~ Widowed

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ Milton N.H.

NAME OF FATHER Samuel Perham

BIRTHPLACE OF FATHER ‡ Lyndeboro N.H.

MAIDEN NAME OF MOTHER Nichols.

BIRTHPLACE OF MOTHER ‡ Bedford N.H.

OCCUPATION Farmer

INFORMANT § Daughter Emma J. Perham

PLACE OF BURIAL OR REMOVAL ‖ Fairbanks Cemetery

DATE OF BURIAL Nov 25 1903

UNDERTAKER Walter Perham

ADDRESS Chelmsford.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 1 1903 to Nov. 23 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Shock.

(DURATION) DAYS

Contributory: Fatty degeneration of heart

(DURATION) DAYS

(Signed) Amasa Howard M.D.

Nov. 25 1903 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 25 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Charles W. Whitman Registered No. 63

Place of Death* Chelmsford Mass.

Date of Death Nov. 26th 1903 Age 44 years 3 months days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Male

COLOR: white

~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡: Manchester, Nova Scotia

NAME OF FATHER: Edward W. Whitman

BIRTHPLACE OF FATHER ‡: Nova Scotia

MAIDEN NAME OF MOTHER: Pantha Henderson

BIRTHPLACE OF MOTHER ‡: Nova Scotia

OCCUPATION: Clerk

INFORMANT §: wife

PLACE OF BURIAL OR REMOVAL ‖: Edson Cemetery, Lowell Mass.

DATE OF BURIAL: Nov. 28 1903

UNDERTAKER: J. A. Weinbeck

ADDRESS: Lowell Mass.

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 15 1903 to Nov. 26 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Jaundice

(DURATION) 12 DAYS

Contributory: La Grippe

(DURATION) 4 DAYS

(Signed) Amasa Howard M.D.

Nov. 26 1903 (Address) Chelmsford Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 27 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Rec

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MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Raymond E. Farr Registered No. 64

Place of Death* Chelmsford Mass

Date of Death Nov 29th 1903 Age — years 3 months — days

STATISTICAL DETAILS

SEX: Male

COLOR: W

SINGLE, MARRIED, WIDOWED, OR DIVORCED: S

MAIDEN NAME †: —

HUSBAND'S NAME †:

BIRTHPLACE ‡: Chelmsford

NAME OF FATHER: John F. Farr

BIRTHPLACE OF FATHER ‡: Wolcott Vermont

MAIDEN NAME OF MOTHER: Deborah Claflin

BIRTHPLACE OF MOTHER ‡: New Brunswick

OCCUPATION: —

INFORMANT §: John F. Farr

PLACE OF BURIAL OR REMOVAL ‖: Edson

DATE OF BURIAL: Dec 1 1903

UNDERTAKER: J. W. Brooks.

ADDRESS: Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Sept 5 1903 to Nov 29, 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Spina Bifida

3 months (DURATION) DAYS

Contributory: Meningitis

(DURATION) 9 DAYS

(Signed) Arthur G. Scolosia, M.D.

Nov. 30 1903 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Dec 1 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Rec

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

COMMONWEALTH OF MASSACHUSETTS

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RETURN OF A DEATH

FULL NAME Sarah A Humphrey Registered No. 65

Place of Death * Chemsford Mass

Date of Death Dec 2 1903 Age 76 years 1 months 1 days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
Female	white	widow

MAIDEN NAME † Sarah A Carter

HUSBAND'S NAME † Geo S Humphrey

BIRTHPLACE ‡ Enfield N H

NAME OF FATHER Joseph Carter

BIRTHPLACE OF FATHER ‡ unknown

MAIDEN NAME OF MOTHER Elizabeth Clough

BIRTHPLACE OF MOTHER ‡ unknown

OCCUPATION At Home

INFORMANT § Geo Humphrey

PLACE OF BURIAL OR REMOVAL ‖	DATE OF BURIAL
Littleton Mass	Dec 4 1903
UNDERTAKER	ADDRESS
C M Young & Co	33 Prescott St

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from No medical attendance 190 to 190, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Senile Pneumonia

One week, (DURATION) DAYS

Contributory: seen by me only after death Dec 3d 1903 (DURATION) DAYS

(Signed) F E Varney M.D.

Dec 3d 1903 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? .....

Filed Dec 3 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

Chelmsford — 66

FULL NAME Lizzie R. Hills Registered No. 795

Place of Death * Somerville Hospital, Somerville, Mass.

Date of Death November 5, 1903 Age 49 years 3 months — days

STATISTICAL DETAILS

SEX	COLOR	SINGLE, MARRIED, WIDOWED, OR DIVORCED
F.	W.	M.

MAIDEN NAME † Cross

HUSBAND'S NAME † William H.

BIRTHPLACE ‡ Barnard, Maine

NAME OF FATHER John T. Cross

BIRTHPLACE OF FATHER ‡ Unknown

MAIDEN NAME OF MOTHER Mary A. Higgins

BIRTHPLACE OF MOTHER ‡ Unknown

OCCUPATION Home

INFORMANT §

PLACE OF BURIAL OR REMOVAL ‖ Barnard, Maine

DATE OF BURIAL ..... 190....

UNDERTAKER Francis M. Wilson

ADDRESS Somerville

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, ~~from ..... 190.... to ..... 190....~~, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Uraemia

(DURATION) 4 DAYS

Contributory:

(DURATION) ..... DAYS

(Signed) Frank L. Newton M.D.

..... 190.... (Address) 147 Highland Ave, Som. Mass

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence Chelmsford, Mass. How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Nov. 6, 1903. George S. Vincent City Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME ~~Fran~~ Mary Ellen Doucette Registered No. 67

Place of Death* North Chelmsford

Date of Death December 8th 1903 Age — years 3 months 25 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX F COLOR White SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~

MAIDEN NAME †

HUSBAND'S NAME †

BIRTHPLACE ‡ North Chelmsford

NAME OF FATHER John Doucette

BIRTHPLACE OF FATHER ‡ Nova Scotia

MAIDEN NAME OF MOTHER Fanny ~~Wilson~~ Connell

BIRTHPLACE OF MOTHER ‡ England

OCCUPATION —

INFORMANT § John Doucette

PLACE OF BURIAL OR REMOVAL ‖ Edson Cemetery

DATE OF BURIAL Dec 10 1903

UNDERTAKER Joseph Albert

ADDRESS 57 Chuver

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Dec 8 1903 to Dec 8 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Capillary Bronchitis

Two days (DURATION) DAYS

Contributory:

(DURATION) DAYS

(Signed) F E Varney M.D.

Dec 8 1903 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death?

Filed Dec 10 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Reo

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Emma Jirsch Registered No. 68

Place of Death * No Chelmsford

Date of Death Dec 20th 1903 Age 68 years 5 months 2 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Femal

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Widow

MAIDEN NAME †: Emma Stockden

HUSBAND'S NAME †: Peter Jirsch

BIRTHPLACE ‡: England

NAME OF FATHER: Nothum

BIRTHPLACE OF FATHER ‡: Nottenum

MAIDEN NAME OF MOTHER: Nothum

BIRTHPLACE OF MOTHER ‡: Nottenum

OCCUPATION: At home

INFORMANT §: Jas Wm Trubey

PLACE OF BURIAL OR REMOVAL ‖: No Chelmsford

DATE OF BURIAL: Dec 22 1903

UNDERTAKER: J A Weinbeck

ADDRESS: 80 Middlesex

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Oct 1903 to Dec 20 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Cancer of Pancreas

(DURATION) DAYS

Contributory: Organic disease of heart,

(DURATION) DAYS

(Signed) F. E. Varney M.D.

Dec 21 1903 (Address) N. Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, If not at place of death? ?

Filed Dec 22 1903 Geo A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Elara B Winship Registered No. 69

Place of Death * West Chelmsford

Date of Death Dec 25th Age 48 years 2 months 7 days

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL

STATISTICAL DETAILS

SEX: Female

COLOR: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married

MAIDEN NAME †: Elara B Butterfield

HUSBAND'S NAME †: Marcus H Winship

BIRTHPLACE ‡: No Chelmsford

NAME OF FATHER: Jonas C. Butterfield

BIRTHPLACE OF FATHER ‡: Tyngsborough

MAIDEN NAME OF MOTHER: Philena D. Fuller

BIRTHPLACE OF MOTHER ‡: Narridgewock Maine

OCCUPATION: At home

INFORMANT §: Marcus H Winship

PLACE OF BURIAL OR REMOVAL ‖: W Chelmsford

DATE OF BURIAL: Dec 28 1903

UNDERTAKER: J A Wambeck

ADDRESS: Lowell

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from September 1902 to Dec. 25th 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Sarcoma.

One year - one half. (DURATION) DAYS

Contributory: (DURATION) DAYS

(Signed) F. E. Varney M.D.

Dec 25th 1903 (Address) North Chelmsford

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Dec 28 1903 Geo. T. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.

† In case of married or divorced woman, or widow.

‡ State or country; also city, town or county, if known.

§ Name and address of person giving statistical details.

‖ Name of cemetery.

Rec.

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COMMONWEALTH OF MASSACHUSETTS

RETURN OF A DEATH

FULL NAME Sarah Bunker Reed Registered No. 70

Place of Death* Chelmsford

Date of Death Dec 28 1903 Age 77 years 1 months 9 days

STATISTICAL DETAILS

SEX F | COLOR W | SINGLE, MARRIED, WIDOWED, ~~OR DIVORCED~~ widow

MAIDEN NAME† Mitchell

HUSBAND'S NAME† Nathan Adams Reed

BIRTHPLACE‡ Swans Island Me.

NAME OF FATHER Robert Mitchell

BIRTHPLACE OF FATHER‡ either Scotland or Ireland.

MAIDEN NAME OF MOTHER Judith Staples

BIRTHPLACE OF MOTHER‡ Swans Island Me.

OCCUPATION Housewife

INFORMANT§ Mrs Geo A Kelley Chelmsford. Daughter

PLACE OF BURIAL OR REMOVAL‖ Edson Cem. Lowell

DATE OF BURIAL Dec 30 1903

UNDERTAKER Walter Perham

ADDRESS Chelmsford

PHYSICIAN'S CERTIFICATE

I HEREBY CERTIFY that I attended deceased during last illness, from Nov. 23, 1903 to Dec. 28, 1903, that to the best of my knowledge and belief death occurred on the date stated above, and that the CAUSE OF DEATH was as follows:

Primary: Myocarditis (DURATION) DAYS

Contributory: Arterio-sclerosis Indefinite (DURATION) DAYS

(Signed) Arthur G. Scobria, M.D.

Dec 30 1903 (Address) Chelmsford, Mass.

SPECIAL INFORMATION only for Hospitals, Institutions, Transients, or Recent Residents.

Former or Usual Residence ..... How long at Place of Death? ..... Days

Where was disease contracted, if not at place of death? .....

Filed Dec 30 1903 Geo. A. Parkhurst Town Clerk

* City or town, street and number, if any. If death occurs away from USUAL RESIDENCE, give facts called for under "Special Information." If in a Hospital or Institution, give its NAME instead of street and number.
† In case of married or divorced woman, or widow.
‡ State or country; also city, town or county, if known.
§ Name and address of person giving statistical details.
‖ Name of cemetery.

MARGIN RESERVED FOR BINDING

FILL OUT WITH INK.—THIS IS A PERMANENT RECORD

ALL NAMES TO BE IN FULL